

103
**LEGISLATIVE HEARING ON H.R. 4386, PERSIAN
GULF VETERANS ACT**

Y 4. V 64/3: 103-51

Legislative Hearing on H.R. 4386, P...

HEARING
BEFORE THE
SUBCOMMITTEE ON
COMPENSATION, PENSION AND INSURANCE
OF THE
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES
ONE HUNDRED THIRD CONGRESS
SECOND SESSION

JUNE 9, 1994

Printed for the use of the Committee on Veterans' Affairs

Serial No. 103-51



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LEGISLATIVE HEARING ON H.R. 4386, PERSIAN GULF VETERANS ACT

THURSDAY, JUNE 9, 1994

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON COMPENSATION, PENSION, AND
INSURANCE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to call, at 9:33 a.m., in room 334, Cannon House Office Building, Hon. Jim Slattery [chairman of the subcommittee] presiding.

Present: Representatives Slattery, Evans, Bilirakis, Stearns, Tejeda, Bishop, Everett, Clement, Edwards of Texas.

Also Present: Representatives Quinn, Kennedy, Buyer, Bachus, Montgomery.

OPENING STATEMENT OF CHAIRMAN SLATTERY

Mr. SLATTERY. Ladies and gentlemen, the subcommittee will come to order.

We are meeting this morning to hear testimony on an important piece of legislation that will benefit disabled veterans of the Persian Gulf War.

I want to welcome my colleagues who are not on the subcommittee. We appreciate your interest in this legislation and I thank you for joining us today.

H.R. 4386 has three main purposes:

First, it authorizes the Secretary of Veterans Affairs to begin paying disability compensation to a group of Persian Gulf veterans who are suffering chronic disabilities resulting from a variety of undiagnosed illnesses.

Second, it directs the Secretary to work with the Secretaries of Defense and HHS to develop case assessment protocols to assure thorough assessment, diagnosis, and treatment of Persian Gulf veterans; to expedite efforts to develop case definitions and diagnoses for these illnesses at the earliest possible date; and to develop and implement a comprehensive outreach effort for the benefit of Persian Gulf veterans and their families.

Third, it authorizes the appropriation of funds to conduct research and needed surveys of this group. I am pleased to have cosponsored this bill which Chairman Montgomery and several of my colleagues on the committee, including the committee's ranking minority member Mike Bilirakis.

We have received some comments about ways we might improve certain aspects of H.R. 4386. We certainly acknowledge and appre-

ciate those comments, and we will work to refine this bill as it moves through the House.

H.R. 4386 clearly represents an important step forward on behalf of our Persian Gulf War veterans. In case there is any doubt in the minds of Persian Gulf veterans, let me assure each of them that this committee has not forgotten and will not forget them.

We intend to do what is right by the brave men and women who served us in the Persian Gulf.

I want to acknowledge the fact that the Secretary of Veterans Affairs, the Honorable Jesse Brown, is scheduled to join us today, and it shows that the Clinton Administration is committed to dealing with the problems Persian Gulf veterans are experiencing.

Before I recognize Chairman Montgomery, our first witness, I would like to recognize my good friend from Florida, the ranking minority member, Mike Bilirakis, for any opening remarks that he wishes to make.

OPENING STATEMENT OF HON. MICHAEL BILIRAKIS

Mr. BILIRAKIS. Thank you so very much, Mr. Chairman. And before I go into my very brief opening remarks, I would apologize in advance to you, to Chairman Montgomery, Secretary Brown, all of the panelists and the members of the audience because I do have to leave early. I have a markup with Energy and Commerce on a piece of legislation that actually went through the subcommittee on which I am ranking member, and I am going to have to get over to the Rayburn Room for that. But I will try to stay as long as I possibly can.

And I commend you, sir, for scheduling this morning's hearing. I, of course, would also like to join you in recognizing our full committee chairman, Mr. Montgomery, for introducing this legislation, and I am very proud, as you have already indicated, to be an original cosponsor of it.

Many Persian Gulf veterans are suffering from mysterious illnesses which cannot be diagnosed or clearly defined. For some these illnesses are so debilitating that they can no longer work. And we have a member of our subcommittee, if you will recall, who has run into the same kind of problem as a result of having been over there.

However, since the Government has been unable to trace the origin of the illnesses, affected veterans are unable to receive compensation from the Department of Veterans Affairs, and this legislation authorizes the VA to pay disability compensation under limited conditions to those Persian Gulf veterans suffering from chronic disabilities resulting from undiagnosed illnesses.

I believe this action is an appropriate step towards assisting these veterans. They answered the call to duty and we should not force them to wait as we have done in the past, unfortunately, for an irrefutable scientific diagnosis before we recognize their claims for disability compensation.

Thousands of Vietnam veterans, as we know by now, and their families suffered for years without compensation while we waited for scientific evidence that their conditions were the result of exposure to Agent Orange, and, of course, we must not repeat this mistake.

And Mr. Chairman, you are on your way out as a Member of the Congress, and we are going to miss you. But this is an indication that you are continuing to work for the benefit of the veterans all the way up to your last days here. I certainly commend you and enjoy working with you, sir.

Thank you.

Mr. SLATTERY. Thank you, Mike.

Does the gentleman from Illinois wish to be recognized for an opening statement? The gentleman is recognized.

OPENING STATEMENT OF HON. LANE EVANS

Mr. EVANS. I think my colleague from Florida has just outlined many of the problems that Persian Gulf veterans have been facing since their return from the Persian Gulf area. And since the health consequences of service in the Persian Gulf War for veterans and their families are not fully understood, these veterans should be given the benefit of the doubt and the Nation must provide them with rightful benefits.

Unfortunately, while the chairman—Chairman Montgomery's legislation, H.R. 4386, claims to address the problems facing Persian Gulf veterans, I believe that it would simply give veterans from that war false hope. The measure is vague, overly restrictive, and would set a dangerous and harmful precedent. It shifts the burden of responsibility from the Government to the veteran.

In addition, only those veterans whose illnesses manifest and are reported within 1 year after leaving the theater of operations would be eligible for benefits, and they could only receive benefits for 3 years regardless of whether they are still ill.

Vietnam veterans exposed to Agent Orange in World War II and veterans exposed to ionizing radiation were denied their rightful benefits for decades because of the attitude of some elected officials. We cannot allow history to repeat itself by forcing Persian Gulf veterans to suffer as our government plays similar games with their lives.

When the origin of a specific condition is unknown, it's the Government's responsibility to give veterans the benefit of the doubt and provide appropriate treatment and compensation until the scientific evidence warrants otherwise.

Yesterday, I introduced H.R. 4540, the Persian Gulf War Veterans Compensation Act, which I hope will receive the support of my colleagues in this subcommittee. The measure was developed in cooperation with The American Legion and the Vietnam Veterans of America and is strongly supported by several veterans' and military organizations. It was introduced with 54 sponsors, including 8 committee members, yesterday. Senator Tom Daschle of South Dakota plans to introduce a companion bill, this Friday, in the United States Senate.

In contrast to H.R. 4386, my bill acknowledges the Government's responsibility and moves towards providing these veterans with the benefits and answers they will need. Specifically, my bill would give veterans of the Persian Gulf War with undiagnosable diseases the benefit of the doubt and authorize VA benefits, unless there is scientific evidence that demonstrated that the illnesses are not service-connected.

The bill would require the VA to develop case assessment protocols and case definitions within 120 days or report to Congress as to why it could not do this.

It would also require the VA to establish a comprehensive outreach program to Persian Gulf War veterans and their families to inform them of ongoing research activities as well as the services and benefits to which they are entitled. The outreach would include the establishment of an information newsletter, and a toll-free informational telephone number for Persian Gulf veterans and their families.

In addition, it calls for several studies, including a comprehensive review of the medical treatments of these vets and an epidemiological study to assess the health risks and effects of military service in the Gulf War on veterans and their immediate family members.

While we may never know the full range of toxins that these veterans were exposed to or the specific exact cause of their illnesses, we do know that they went to the Gulf healthy and many of them came back sick.

After giving consideration both to the services and sacrifices of these veterans, and the battles of the past year within Congress, I am sure that the members of this committee will do the only fair and just thing, and that is support H.R. 4540.

I appreciate the gentleman yielding and yield back.

Mr. SLATTERY. Does the gentleman from Florida wish to be recognized?

Mr. STEARNS. Yes, I do.

Mr. SLATTERY. Okay, the gentleman is recognized.

OPENING STATEMENT OF HON. CLIFF STEARNS

Mr. STEARNS. Good morning, and thank you, Mr. Chairman. I want to compliment you for having this hearing. We hear in the news and we hear back in the district some complaints about Congress, how bad Congress is. This morning we are recognizing what is good in terms of the Veterans Affairs Committee acting very quickly all during this process.

We have had hearings on this. The chairman of the Veterans Affairs Committee, Mr. Montgomery, offered a bill May 11. I am an original cosponsor. And he as well as the rest of the committee recognized very early that we have to do something about these Gulf War veterans who are suffering from the Gulf War syndrome.

So I think that is very positive. I think we have two bills. I think the problem we should all recognize is this committee and other committees promise more and more and they deliver less and less.

A good example is the case of veterans who are disabled who go through the appeal process. It could now take almost 6 years for these wonderful Americans to get a hearing and a decision.

So I think what we should be doing today is recognizing what the chairman has done in this committee. That he dropped a bill 30 days ago, and in all deference to you, Mr. Evans, I know it is easy to drop a bill 30 days later and then talk about a bill that has already been dropped.

But I think the purpose today is to come together on one bill. As you know, the legislative process involves lots of changes as you go. But I think the chairman recognized that and got his bill in early.

I think most of you know, if you watched ABC Today Show, Secretary Brown acknowledged on television that he and the Administration are going to push for the type of bill that Mr. Montgomery has and has recognized that Gulf War syndrome is a benefit that has to be paid through the appropriations process.

I have in my district Hester Adcock, whose son was healthy when he went to the war. He came back and he died a year later from cancer. So I think this is a triumphant day for me and for other people in my district because we are now recognizing publicly what we have talked about for all these years.

I want to thank you, Mr. Chairman, and I want to thank Chairman Montgomery for his very hard work on this effort early on in the 103rd Congress.

Mr. SLATTERY. Thank the gentleman from Florida.

Does the gentleman from Texas wish to be recognized for an opening statement? The gentleman is recognized for 5 minutes.

OPENING STATEMENT OF HON. FRANK TEJEDA

Mr. TEJEDA. I want to thank the chairman for holding this hearing and thank Chairman Montgomery for introducing this legislation.

We as a Nation owe these veterans the best care and benefits we can provide. We cannot forget that these veterans—we cannot forget our veterans while we wait on researchers to find a cure for these mysterious illnesses.

Chairman Montgomery's legislation, House Resolution 4386, ensures that Persian Gulf veterans that are suffering from these undiagnosed illnesses will receive disability compensation, authorizes money for desperately needed research on this issue, calls on the VA to develop a uniform case assessment protocol, and requires the VA to step up its outreach programs to inform Persian Gulf veterans of the benefits that they are eligible for.

We cannot repeat the mistakes that we made with Agent Orange. Benefits delayed are benefits denied.

So, I wholeheartedly support and commend Chairman Montgomery on this much needed legislation, and thank you, Mr. Chairman.

Mr. SLATTERY. I thank the gentleman.

Does the gentleman from Illinois wish to be recognized?

I am sorry. The gentleman from New York.

OPENING STATEMENT OF HON. JACK QUINN

Mr. QUINN. This gentleman from New York wishes to be recognized. Thank you, Mr. Chairman.

And I want to thank you, Mr. Chairman, for calling the hearing and allowing me to be here, even though I am not a member of this subcommittee. All of us, I think, in all of our districts have discussed this matter.

Before we get to that, though, I want to take just a minute, Mr. Chairman, if I may, to publicly thank the chairman, Sonny Montgomery. In Buffalo, New York, the district I represent, we began the "PT phone home" program this past Monday when we held the

D-Day Normandy celebration, and in order to kick that off we had a trans-Atlantic telephone conversation with the chairman to Normandy.

And I have to tell you that the vets, at least in Buffalo and Western New York, were pleased not only to have that telephone service in the Buffalo VA Hospital, but also to be able to talk to our delegation that day in Normandy. And I want the public to know that we appreciate the efforts of the chairman.

I have actively encouraged, Mr. Chairman, Gulf War veterans in my district to go through the screening process at the Buffalo VA as all of us have in our own districts. It is fortunate that many of these men and women are taking advantage of that.

Unfortunately, however, there is a hesitancy on many veterans' parts to go through with the process, and the reason for that is—they will ask me right out—they will say, "What good is it going to do? What is the Government going to do for me? We have heard about this, talked about it before, but what is it going to do for me?"

I think we need to let our veterans know not only in our individual districts but across the country that the Government can do good things for them. That we are there to help them. And I am hopeful as we discuss this and other bills as we go through our committee work that is exactly what we are going to do, finally help the Persian Gulf vets.

And I look forward to helping in any way I can. Thank you, Mr. Chairman.

Mr. SLATTERY. I thank the gentleman.

Does the gentleman from Massachusetts wish to be recognized?

OPENING STATEMENT OF HON. JOSEPH P. KENNEDY II

Mr. KENNEDY. Yes, Mr. Chairman, I do.

First of all, I want to thank you for holding this important hearing this morning.

I want to thank the chairman for the efforts that he is making on behalf of Persian Gulf veterans to recognize the difficulties that they face, and I think this is an important step forward by the announcement through the Administration by Secretary Brown of the intent of the Veterans Administration to provide compensation benefits for the veterans that are suffering as a result of Persian Gulf illness.

I think the basic question we face in this issue is whether or not essentially these veterans that have these inexplicable illnesses are somehow malingerers or somehow come from a generation of Americans that are much more easy or quick to complain about specific problems than previous generations that faced even greater combat problems, and whether or not we as a Nation are going to respond to those illnesses that they are being faced with.

And I for one, after having talked with hundreds and hundreds of these veterans, having my office contacted by thousands of them, having conversations where Steve Buyer who himself has faced these illnesses, have come to an absolute conclusion that these illnesses were in fact caused somehow as a result of the service that these individuals responded to when the country put out the call and asked them to defend the interest of the United States, wheth-

er it was through depleted uranium, whether it was through the oil well fires, whether it was through some exposures to the potential of chemical or biological agents, multiple chemical sensitivity, leishmaniasis, and a range of other problems that were faced in a unique atmosphere for month after month after month by these individuals that served in the Persian Gulf is something that the responsibilities of the Government is to determine. But the fact that they are facing these illnesses is unquestioned.

And the fact that the only thing that they have in common is, in fact, their Persian Gulf service indicates to me that it is in fact a direct result of that service that has caused these illnesses.

So, let's get on with the issue of compensation for those individuals that can no longer work, but most importantly, let's go on to a number of other issues that still are not being addressed even by some of the legislation that has been filed.

It seems to me that there has got to be four parts to our agenda. First and foremost, a workable compensation program based on scientific evidence. Secondly, immediate and compassionate health care, including a case definition of Persian Gulf illness and the testing protocol for all veterans. Third, a comprehensive research agenda. And fourth, greater outreach to Persian Gulf vets and their families about available services and research findings. Both Chairman Montgomery and Oversight Subcommittee Chairman Evans are to be commended for responding with legislation.

I have also introduced a separate bill, the Persian Gulf War Veterans Health and Services Enactment Act, H.R. 4542. It sets forth the components of a comprehensive outreach program including a toll-free information hotline and quarterly newsletter. It also calls for the reauthorization of two major programs which will expire later this year without our committee taking action.

First and foremost, the priority health care for Persian Gulf veterans, and secondly the marriage and counseling programs that are also included, I would hope that the committee would see fit to reauthorize both those programs under whatever legislation we finally vote out.

It also would be essential for this committee to rely on the expertise of our witnesses and others who are not here today, particularly in the scientific community, in refining the pending legislation. Specifically, we must count on this expertise in developing a comprehensive research agenda for the survey of Persian Gulf vets which will serve as a foundation for further outreach.

This necessity of the epidemiological study and the research on investigational drugs used as chemical and biological warfare pretreatments also warrant serious consideration. When the initial compensation legislation was introduced it was considered a starting point for committee consideration. I hope the members of this committee can work cooperatively to ensure that the final bill is a well-defined, fair approach which provides Persian Gulf veterans the benefits they are due. And I look forward to today's testimony and working together on this most important issue.

Mr. Chairman, again I want to congratulate you on the leadership that you have shown on the compensation issue, and I join with Mr. Bilirakis in commending all of the service that you have given us on this committee and for the veterans of this country.

Thank you very much, Mr. Chairman.

Mr. SLATTERY. I thank the gentleman from Massachusetts for his leadership also, and for your generous remarks.

The gentleman from Indiana.

OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. Thank you, Mr. Chairman. Thanks for the invitation to be here today.

Let me begin by extending my gratitude and appreciation to Mr. Evans and Mr. Kennedy and Mr. Bilirakis, and, to save the best for last, Mr. Montgomery, for your leadership in regard to the Persian Gulf War veterans.

Earlier this year, Ike Skelton had held a hearing on the Armed Services Committee side to address this issue for those who are still on active duty. Included in the defense authorization bill that we are addressing right now is legislation. Some of the provisions in that language parallel that which you, Mr. Montgomery, have in your bill, which is very good.

The similar provisions include the requirement of the Department of Defense, the DOD, to conduct a comprehensive outreach program to inform all active and reserve servicemembers and their families of the defense policy on Persian Gulf health risks and the programs available for their assistance.

Also paralleled would be the provisions to encourage servicemembers to participate in the DOD Persian Gulf War Veterans Health Surveillance System and receive full medical evaluation and care, if required.

Also, is the requirement for DOD to presume that a Persian Gulf veteran is sick is the presumption as a result of the Persian Gulf service unless medical evidence proves otherwise regardless when the symptoms manifested themselves.

Next, also parallel, is the Persian Gulf veterans, who are discharged for a Persian Gulf related illness for which there is no rating criteria, will be placed on the temporary duty retired list, which means they are eligible to draw 50 percent of their pay and receive medical care while awaiting the permanent disability determinations.

So I am pleased that we are moving forward in both the Department of Defense and the VA to take care of the sick veterans from the Persian Gulf. I feel as though we are pioneering a coordinated effort between the DOD and the VA to address these concerns.

And, Mr. Chairman, I appreciate your leadership in this hearing today. Thank you.

Mr. SLATTERY. I thank the gentleman.

Does the gentleman from Alabama wish to make a brief opening statement?

Mr. BACHUS. No, thank you.

Mr. SLATTERY. I appreciate it.

Well, it is encouraging this morning to see that there is a bipartisan commitment, Mr. Chairman, on the part of the members of this committee to move forward with some kind of legislation to provide disability compensation to Persian Gulf veterans who are suffering from these mysterious undiagnosed illnesses. So I think that is a very encouraging sign.

Mr. Chairman, I think we are all grateful for your leadership of this committee, the full committee, and we appreciate your leadership on this issue also. And it is a pleasure to welcome you and we welcome your testimony at this time.

STATEMENT OF HON. G.V. (SONNY) MONTGOMERY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSISSIPPI

Mr. MONTGOMERY. Thank you very much, Mr. Chairman. I want to commend you also for having this hearing.

And we are going to miss you. You have been an outstanding chairman. Thank you for quick action on this legislation. We wish you the best in your future endeavors.

Mr. SLATTERY. I thank you, Mr. Chairman.

Mr. MONTGOMERY. Mr. Chairman, I saw the problems we were having on Agent Orange, and I came up with the idea of this bill about 4 months ago, and I asked staff to put together this bill. And if it needs amending whenever you mark up this bill I have no problems with that, Mr. Chairman.

I am sorry Mr. Evans did not sign on to the bill. We briefed his staff. He knew about the bill. If he had problems with the bill he should have come to me and talked to me. I would have considered his amendments.

And, Mr. Chairman, if he had come up with this idea I would have gone to him, and if I had some problems with his bill, before I came up with this legislation I would have asked him, as a courtesy to him, to consider some amendments that I would like to offer to his bill. I am sorry he did not show me the same consideration.

I want to commend you for this swift action in holding a hearing on H.R. 4386, which I introduced on May 11th, and which is cosponsored by most of the people here today who have testified. And also by you, Mr. Chairman, and also the ranking minority member, Mr. Bilirakis.

And I hope you will report the bill to the full committee in the very near future, so we can work with the Secretary of the Veterans Department, who will testify after I make my remarks, who is in support of this legislation. And also the President of the United States—I think the Secretary will say that today—supports this legislation.

Then, if we can get this bill through the House, then we will have to work very hard to see that the Senate acts on it. They have not acted on much of our legislation that we sent over there in the last year and a half.

H.R. 4386 would require the Secretary of Veterans Affairs to pay compensation benefits to Persian Gulf veterans who have chronic disabilities resulting from undiagnosed illnesses. Under current law, it is difficult, if not impossible, for many of these veterans who are disabled by undiagnosed illnesses to become eligible for disability compensation.

Veterans whose sicknesses are diagnosed are eligible for compensation. The law provides benefits for these veterans. I think we have to provide for Persian Gulf veterans who are suffering from undiagnosed illnesses, who are unable to work. They cannot take

care of their families, Mr. Chairman, and are waiting on us to determine what they are suffering from.

Under the bill as introduced, compensation would be paid for a period of 3 years. It is my hope that within the time period the medical questions will be answered. If not, however, I believe the Congress will act to extend the 3-year life of this legislation. Research into the causes of these illnesses is being done and will expand. But we cannot always wait on research. Our experience with radiation and Agent Orange showed us that the answers can be slow in coming, even years.

While we wait, several medical problems are preventing some Persian Gulf veterans from working and supporting their families. They need our help now, gentleman.

The testimony of veterans and government officials at our hearings, as well as VA's experience in examining and treating thousands of Gulf veterans, have led me to conclude that providing compensation is the right thing to do. These seriously ill veterans deserve the benefit of the doubt. I stress that. They deserve the benefit of the doubt.

But we cannot simply begin paying compensation and drop our research efforts. These efforts must continue. Therefore, the measure also authorizes new appropriations for research into the health risks and effects of service during the Persian Gulf War, and funding for a survey of Persian Gulf veterans to gather information on the health problems they might be experiencing.

It also directs the Secretary to work with his counterparts at DOD and HHS to develop at the earliest possible time case definitions and case assessment protocols. Last year, Mr. Chairman, we granted health care to Persian Gulf veterans. They can go in our veterans hospitals on a priority basis. They can get examinations. They get checked out.

Now, this bill is the next step. It will provide compensation to them now, even though the medical community has yet to agree on what these illnesses are.

Mr. Chairman, in closing, I was privileged to lead a 27-member congressional delegation to Normandy for the 50th Anniversary of D-Day. I had the opportunity—two of my colleagues on this subcommittee were with me. We had the opportunity to talk to so many of the old soldiers on our 7-day mission in Europe.

This trip brought home for me that we must never forget those who we send off to war, and I returned with an even stronger conviction that we need to take care of those who served in battle.

And our Secretary of the Veterans Department, Jesse Brown, spoke at two of these ceremonies. And he was outstanding in his remarks. I am proud of our Persian Gulf veterans and urge the subcommittee to act favorably on H.R. 4386.

Thank you, Mr. Chairman.

Mr. SLATTERY. Mr. Chairman, thank you. And again, I appreciate your leadership on this, and I can assure you as this subcommittee chairman that we intend to hold a very prompt markup on this legislation and move it to the full committee as quickly as we can.

And I am confident that we will be able to come to a quick consensus as to the kind of bill that we would like to recommend to

the full committee, and we will be moving forward as quickly as possible.

Are there any members of the committee that would like to ask the chairman questions? The gentleman from Illinois?

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Chairman, your bill would limit the award of compensation to veterans to 3 years from date of enactment. Almost universally, from the testimony that veterans' service organizations are going to offer today, they object to this provision.

Could you tell us why you chose this period as well as any other instances where the U.S. Government has stopped paying service-connected benefits to ill veterans simply because a couple of years or so have passed since their time in the military service?

Mr. MONTGOMERY. I have no problems with extending that date. I think Secretary Brown will mention that in his testimony.

As I mentioned earlier, you know, you can nitpick all you want to, but we did introduce a bill. It was our idea. And the amendments that you would bring up, I am certain they will be in line with our thinking.

But, of course, we have got to consider how we pay for this legislation, too, and I think what we have introduced is in line. I believe it will get by the cost factor of OMB, and that has got to be a consideration too.

Mr. EVANS. Mr. Chairman, I am asking you for a specific instance in the past where this committee has gone ahead and told a veteran, let's say a victim of a gunshot wound, that we are going to provide compensation for 2 years from the enactment of a specific disability bill.

Do you in all your years on this committee know of any other instance where we have limited compensation for service-connected injuries to veterans to a period of 3 years from enactment of the legislation?

Mr. MONTGOMERY. Well, we didn't—we left veterans of the Vietnam War hanging out there for 10 years.

Mr. EVANS. I am fully aware of that.

Mr. MONTGOMERY. That is the whole idea that we are trying to move ahead with this legislation. I would be glad for the record, if the gentleman insists, to look back and see if there has been any type of legislation like this.

Mr. EVANS. All right. Another question, Mr. Chairman.

A number of Persian Gulf veterans have told me that they did not realize they were ill until more than a year after returning from the Gulf. Wouldn't these veterans be denied benefits under your legislation?

Effectively, wouldn't H.R. 4386 create 2 tiers of Persian Gulf War veterans, those who say that they became ill and report it within a year after leaving the theater and those who did not?

Mr. MONTGOMERY. I have no problems with the time limit. I believe my bill is 2 years.

Mr. EVANS. The American Legion raises an objection concerning the term "affirmative evidence" that is used in your legislation. It is not further defined in the bill. The American Legion states that the imposition of such restrictive criteria would severely penalize a veteran in developing a well-grounded claim and is contrary to

the statutory provision of reasonable doubt and court precedent regarding rebuttable evidence. I think it is also contrary to the role we want the VA to play in terms of being an advocate for veterans.

Mr. MONTGOMERY. Staff informs me we took this from existing law, so I think the gentleman is wrong.

Mr. EVANS. Would you be able to define what the phrase "affirmative evidence" means?

Mr. MONTGOMERY. Yes, we will look it up. We will be glad to get back to the gentleman.

Mr. EVANS. I yield back my time.

Mr. SLATTERY. The gentleman from Florida.

Mr. BILIRAKIS. Well, thank you.

Thank you, Mr. Chairman. And I don't know that I have any questions of the chairman of the full committee. He has got to be as concerned as I am, I know, and probably all the members of this committee, because you mentioned something about how do we pay for it.

I guess the thoughts are that there would be offsets from other veterans programs. I know that is got to bother you every bit as much, if not more, than it bothers me, sir. And every time we have a war, I don't think we ever consider how to pay for it.

And we know that the costs of war have to continue on for those who suffered as a result of that war. So I am hoping that that is not going to be a problem here in terms of taking away from other programs. I am hoping that maybe, we are going into the appropriation process for additional funds, as tough as these things are these days.

But I think it is just important, and I say this for the benefit of the people on this committee who for the most part who have chosen to be on this committee. They haven't just been thrown on because there was some room here. And I know that Mr. Evans certainly is in that category too. I worked with him on one of the subcommittees a few years ago.

It is important I think that we move forward with this legislation. That is the important thing. If it isn't perfect in all of our eyes, so what? The important thing is to move forward.

And I know that the chairman, and I am very pleased that the chairman says he is open minded to amendments and things of that nature, and that is the reason Chairman Slattery has scheduled this hearing, so we can hear from the VSOs and from the VA and what not.

And so it is just critical. I think you mentioned about the lack of action in the other body, the unmentionable other body, in the last year and a half. So, if we come up with something here that is fractured, we are probably not going to have any action in the other body again.

Therefore, we need some unanimous consensus in whatever it is we come up with as far as this legislation is concerned. Then hopefully we can get the VSOs and the grassroots veterans around the country to put the pressure on the other body, which is something that just has not been happening adequately, and we can get this out this year. Otherwise we are going to be delayed into next year and maybe the year after that, and who knows what might come.

Mr. Chairman, I know that that is your thinking, and I am hoping that is the thinking of all of the people on this committee, so we can get this thing out of here.

Let's do it unanimously, though. Let's sit down with Mr. Evans, let's sit down with you, let's just do it unanimously and get it out of here in the spirit of unity.

Mr. MONTGOMERY. The bill I have introduced, the VA and OMB estimate it would be a cost of \$15 million per year, \$45 million for the 3 years.

Mr. BILIRAKIS. Yes. Well, I am hoping that that is going to be additional money appropriated rather than taking that away from other veterans programs which are, as we all know, already hurting.

Thank you, sir.

Mr. SLATTERY. If I might interject, as chairman of this subcommittee and cosponsor of this legislation, I think it is important to make the point that this is an interim measure, and it is the intention of this cosponsor, and I am sure for the chairman of the committee, for all of us to move forward as quickly as we can with legislation to make this kind of disability compensation available, and then as we get out a few years, perhaps science will catch up with us, and at that time we can take whatever action is necessary to make sure that benefits continue to flow to those veterans who suffered as a result of their service in the Persian Gulf.

I don't think it is the intention of this member nor the chairman of the committee to terminate benefits at any time in the future to any veteran that suffered in the Persian Gulf. So I think that point needs to be made abundantly clear to everybody who is interested.

Are there other members that would like to ask questions of the chairman?

Mr. BUYER. Yes. Thank you, Mr. Chairman. You stole my thoughts exactly.

Lane, you and I both know this is an interim measure, so I don't want to get caught up at all in some of the specific details of, well, there is a time limit, and we are going to cut it off at a time certain.

Mr. EVANS. Would the gentleman yield? This may be an interim bill, but it is the legislation that is being heard before this committee, with the apparent support of the VA. So, I think it is going to be very important that we look at it in very fine detail and ask some probing questions of the author and the people who support it.

In turn, they should get credit where credit is due. However, I think we have to be very careful not to create 2 tiers of Persian Gulf War veterans by limiting the funding for this and authorization for this.

Mr. BUYER. I have no problem with that.

Mr. EVANS. So that is what we are all about. That is what hearings are supposed to be about.

Mr. BUYER. Well, I agree with you.

I think it is always important, though, to choose policy over politics, for sometimes politics can give us bad policy.

I am uncomfortable with the time limit, and I am glad, Mr. Chairman, you are amenable to amendments for the time period.

I know that many of the veterans that we have spoken to didn't even recognize the problems that they are having with their bodies were from the Gulf War. They are in a period of denial.

I likewise was in a period of denial, over 2 years. And you just keep going to the doctors and they treat you for different things, but you deny, you deny, you deny.

And I am uncomfortable by placing a specific time limit of 1 year. I feel more comfortable with about 3 years.

But I am glad you are amenable to discussions about the time period to gain them access.

When I mention about the pioneering, I think it is very good we are moving in a direction, though as the chairman said the science hasn't caught up with us, and we struggle to try to come up with a diagnostic criteria to help and prod the experts. But we must not forget those veterans are suffering.

So, my question to you now is, when you say you are amenable to a time period, have you thought about how long—is 3 years too long? Or are you just open to discussions on it, Mr. Chairman?

Mr. MONTGOMERY. I am open to discussion on it. As I said, earlier, I think the Veterans Department and maybe Secretary Brown will mention it, make some recommendations on this time limit. I am not locked in to a certain time. I accept the wisdom of the subcommittee.

Mr. BUYER. All right. Thank you.

I have no further questions.

Mr. SLATTERY. The gentleman from Alabama.

Mr. BACHUS. Thank you, Mr. Chairman.

Chairman Montgomery, I have several concerns about the bill. I am a cosponsor. But I would like to point out 4 or 5, I think, provisions in Mr. Evans bill which I believe any legislation that moves ought to have in it.

One is there doesn't appear to be a lot of schedules in your bill. You will notice that Mr. Evans requires 120 days for the development of case assessments and case definitions, where your legislation, which I am cosponsoring, only encourages the VA to develop these.

The same thing on issuance of regulations. Mr. Evans has a timetable of 90 days for preliminary regs and 150 for final regulations.

Mr. MONTGOMERY. We have been told by scientists they are very wary of scheduling times that they have to come up with some type of answer, so I guess that is one reason we didn't put it in this bill.

Mr. BACHUS. All right. If we are going to develop legislation to help the Gulf War veterans and we have no time limitation on when we even develop a case definition or develop case assessments or require the VA to come up with regulations for this legislation, we could have legislation that never really goes into effect.

You know, I think we have been in so many committee meetings where we have discussed the fact that the VA is working on this and they are talking about it and they are surveying and they are studying, but we really have no concrete action.

There is a lot of talk. And they are very cooperative when you call over there. But when you say when are we going to start treat-

ment? When are we going to help these vets? It is, "We are working on it."

And I think that we have just got to put on a saddle or put the VA under some time restraints.

Mr. MONTGOMERY. Would the gentleman yield?

Mr. BACHUS. Yes, sir.

Mr. MONTGOMERY. You were at our hearing in my hometown, Meridian, MS, and I stressed mainly to the DOD, and to the VA also, that they come up with some answers by the latter part of March. You remember we asked them to do that?

Mr. BACHUS. Right.

Mr. MONTGOMERY. And they didn't do it. They couldn't do it, I guess. But that is our problem.

Mr. BACHUS. Well, I would say this. Let's establish the time limits and let them come up with something. You know, if they come up and say I want something in writing, Mr. Chairman, that, as you said, is the very reason you just stated that you have urged them, you have stressed to them, we all have. We have had so many of these hearings.

First, I have asked them about Dr. Shayowitz's program up in Massachusetts, and it has been sort of like pushing a rope just to get some response. I know they are interested.

Let me go on. I am trying not to be argumentative, but I think that Lane has worked very hard and I think there are some provisions in that legislation, which I am also supporting, that I think at least we need to take a look at.

Second, the Birmingham VA developed an outreach program very early, and I have urged the VA to try to adopt that nationwide or something else. You know, that is a model they can go down and adopt for each hospital.

I think their outreach is spotty. I think what Mr. Evans has come up with is certainly an adequate outreach program, and I would like you to include at least some of that, especially because we have got to consider for veterans who have been denied benefits, how they can reopen those cases. And Mr. Evans' legislation also contains that.

And, unless we get the word out on this legislation, especially with a 1-year statute of limitations, you are going to have veterans that are never going to file.

And that brings up another point in connection with this. I wish you would look at some process for veterans who have been denied to reopen their claims. Because as the chairman says, the science is moving in this area. We still don't know. And as science makes some headway, and as we determine the nature of these illnesses, there are going to be veterans who may be able to come back and prove that in fact what they were told was psychosomatic or was not Gulf War related in fact was.

So I would like you to look at that.

Mr. MONTGOMERY. Would the gentleman yield?

Mr. BACHUS. Yes, sir.

Mr. MONTGOMERY. One nice thing about the veterans, and I know you know this, a veteran can refile his claim over and over again. All he needs to do is come up with some new evidence. So I don't think that would be a problem.

Mr. BACHUS. Okay. All right. Good.

And this is just something for which I think we had to determine whether we had adequate provisions.

Duration of compensation, that has been discussed. Mr. Buyer mentioned that.

But I think Chairman Slattery probably made a good point in that we can get this legislation out and then we can extend the duration of the compensation.

But I think most existing statutes do not require termination of benefits after a period of time as this one does. I think that ought to be something we focus on.

Finally, and I would say this about Mr. Evans. One thing about the legislation that you sponsored that is somewhat disturbing to me from a bottom line is your statement of responsibility which says that with a specific medical condition a veteran has, if we don't know the cause of that condition, it is the Government's responsibility to give the veteran the benefit of the doubt and award benefits until the scientific evidence warrants otherwise.

Now, I understand the reason for that. I am not sure that is not a little wide open when it requires the Government to prove that it is not Gulf War related.

I am not sure that is not what we have to do in this situation. But I think it is something this committee ought to focus on. I wanted to point that out to you.

Mr. SLATTERY. The time of the gentleman has expired.

Mr. BACHUS. Thank you.

Mr. SLATTERY. We normally limit it to about 5 minutes.

Mr. BACHUS. Thank you.

Mr. SLATTERY. I wanted to recognize the gentleman from Texas, if I could, if he has any questions.

Mr. Bishop, do you have any questions? No questions.

Any other questions of the chairman? If not, Mr. Chairman, we appreciate your attendance here today and your testimony, and we appreciate your leadership on this legislation.

As I have already indicated, it is the chairman's intention to move forward with this legislation as quickly as possible, and I am confident we are going to find a bipartisan consensus on what we should recommend to the full committee, and I am confident that it will be one that will respond to some of the concerns that we have expressed here today.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you.

Mr. SLATTERY. The chair at this time would like to recognize and welcome to the stand the Honorable Jesse Brown, Secretary of the Department of Veterans Affairs.

Secretary Brown, it is always an honor to have you here before this subcommittee. We certainly appreciate the dedicated service that you are providing our Nation's veterans in your current post. You continue to be a vigorous advocate for veterans in this country, and we all appreciate that. And we are very grateful that you are actively involved in this legislation and we welcome your testimony today.

Secretary Brown.

STATEMENT OF HON. JESSE BROWN, SECRETARY, DEPARTMENT OF VETERANS AFFAIRS, ACCOMPANIED BY R. J. VOGEL, UNDER SECRETARY FOR BENEFITS, DEPARTMENT OF VETERANS AFFAIRS; DR. SUSAN MATHER, ASSISTANT CHIEF MEDICAL DIRECTOR FOR ENVIRONMENTAL MEDICINE AND PUBLIC HEALTH; AND JOHN H. THOMPSON, ASSISTANT GENERAL COUNSEL

Secretary BROWN. Thank you, Mr. Chairman.

Mr. Chairman, I want to thank you and the members of this committee for giving me this opportunity to discuss the health problems of Persian Gulf veterans. I would like to start by emphasizing one key point: Persian Gulf veterans are suffering. They are suffering from fatigue, memory loss, painful joints, and other physical and psychological problems, and it is VA's top priority to help them.

VA intends to do everything possible to assist those who are suffering right now. We intend to continue to look for more scientific answers, and we intend to give veterans the benefit of the doubt on all questions about problems that may relate to service in the Persian Gulf.

Mr. Chairman, I last testified before this committee on the subject of Persian Gulf veterans on February 1. At that time, I testified that VA is providing help to veterans along 3 tracks: immediate medical care, medical research and disability compensation. We continue to make progress in all three areas.

Here are some examples. Last February, I mentioned that VA had established a Persian Gulf Registry. The 20,000 veterans now in the Registry have been provided a comprehensive physical examination, baseline laboratory tests, and other tests when indicated. We are closely monitoring the Registry to identify any patterns of illness and complaints.

We have also established an advisory committee for scientific review of this complex issue. The committee considers issues related to the diagnoses, treatment and research of Persian Gulf related health conditions. Its next meeting will be in July.

Complementing this effort will be a review by the Medical Follow-up Agency of the National Academy of Sciences. The Agency will be reviewing the existing science, medical and other information on the possible health consequences of Persian Gulf service. They will be providing their views on both VA and DOD efforts to develop useful information on the health concerns of Persian Gulf veterans.

They already give us recommendations on how to proceed with additional studies of these veterans. Their study is due October 1995.

I also mentioned that we asked the National Institutes of Health to convene an independent group of experts to evaluate current scientific knowledge on this issue, and recommend priorities for future and further research. That panel has now met.

It recommended that VA send a short health questionnaire to a random representative sample of veterans. They believe this survey would provide a more accurate estimate of veterans' symptoms than our Registry now does. We intend to do this.

It also concluded that it was not yet possible to establish a single case definition for Persian Gulf syndrome. The members concluded that trying to establish a case definition for this illness or these illnesses may be misleading and inaccurate at this point. The legislation you are currently considering, which will allow us to compensate our veterans without a case definition, is particularly timely and useful.

Finally, I mentioned that we would be establishing 3 VA Environmental Hazard Research Centers. These Centers will be activated this summer and will help to accelerate our progress. So far 19 proposals, including 150 research projects, have been submitted and are undergoing review.

Mr. Chairman and members of the subcommittee, I would say to you, that VA is on the move. We are working very hard with the Department of Defense, Department of Health and Human Services, and other agencies to help our Persian Gulf veterans. We are leaving no stones unturned.

As I said to you in February, if there is anything we are not doing that you would like to see us do, we want to hear from you. We truly want your input.

Mr. Chairman, the Persian Gulf War in my personal view was a dirty war environmentally speaking. Our veterans were exposed to smoke from oil fires, a terribly hot, dusty climate, sand fleas carrying parasitic diseases, fumes from various sources, depleted uranium, chemical agents in resistant coating. Some may have even been exposed to chemical and biological agents.

We are also concerned about the inoculations they received to protect them from these agents. Our soldiers were exposed to these and many other potentially toxic substances. As a result, our old rules about compensation must change. Our solution must fit their problems. Their problems cannot be made to fit our solutions.

For example, we have centralized claims processing of environmental hazards exposure claims in our Louisville, KY Regional Office. This has allowed us to develop expertise at rating these claims and makes it easier for us to identify common health problems among Persian Gulf veterans.

Additionally, we have put guidance in place for evaluating chronic fatigue. We are going to add this condition to our rating schedule, and we are preparing guidance for evaluating musculoskeletal pain with tender spots or trigger points, a condition some Persian Gulf veterans have. That is why, sir, I wholeheartedly support the legislation this committee is currently considering.

Chairman Slattery, you and Chairman Montgomery ought to be commended for your leadership on this issue. You and the other members of this committee have proposed legislation that is responsive to today's problems. It is proactive, not reactive. It helps those who need help and deserve our help.

The Administration has only one suggestion for your committee. The current proposal requires that veterans must have illnesses which first appear within 1 year of Gulf service, otherwise they will not be eligible for compensation.

We would ask that the time limit be extended to 2 years. There are several reasons for this. Many veterans have reported to us that their symptoms were initially mild but got progressively worse

before they called a doctor. Others did not see a doctor because they thought they would get better quickly. Some had no health care insurance.

Since VA's Persian Gulf Registry was not authorized until November 1992, many of those who first reported their symptoms in a Registry examination would not benefit from this bill. Also, some active duty servicepersons said that they were reluctant to report their symptoms because they were afraid of being discharged.

With that suggestion, Mr. Chairman, we fully support the legislation you are considering. We will work with you, your staff and those of other agencies on behalf of our Persian Gulf veterans.

Once this legislation is passed, we will do everything we can to expedite the rulemaking process so we can put it into effect as quickly as possible. We will also reach out to those veterans who may benefit from this bill.

We will contact those who have submitted claims and those who have obtained Persian Gulf Registry examinations. We will continue our periodic publication, "Persian Gulf Review," and make sure our veterans on the Registry receive it.

We are going to encourage Persian Gulf veterans to call the VA toll-free number and train our phone counselors to advise them. We intend to continue to carry out our Nation's moral obligations to our veterans—to put veterans first.

Mr. Chairman, this concludes my statement, and I will now be pleased to respond to any questions you or members of the committee may have.

[The prepared statement of Secretary Brown appears at p. 80.]

Mr. SLATTERY. Mr. Secretary, thank you very much, and we appreciate your testimony here today. And I want to assure you as one of the coauthors of this legislation, and I am sure that the chairman of the full committee, Mr. Montgomery, agrees with me, and that is that we have no problem with your suggestion that we should extend the time period within which the illness occurs from the time of service—in the bill it currently provides that the illness has to occur within a year. Your suggestion that that be extended to a 2-year time period, we have no problem with, and I think that is a good suggestion. So I want you to know that.

How long do you think it will take the VA to implement the compensation provisions? If we enact this, you know, within the next 60 or 90 days, what are we talking about?

Mr. BROWN. I have asked my experts at the Department to entertain just that question, and I have been informed that we should be able to have this bill implemented within 120 days from the date of enactment.

I also would like to take advantage, Mr. Chairman, of this forum to tell you that we are very concerned about how long it has taken VA to implement various instructions and directions from the Congress, and I have set up a special task force to accelerate that process. I believe we will be able to keep the commitment I have made to you this morning.

Mr. SLATTERY. Thank you, Mr. Secretary.

I have another question. Do you foresee any problem in identifying those Persian Gulf veterans who have been previously denied

claims? Do you have any problem or foresee any problem in identifying those Persian Gulf veterans?

Mr. BROWN. No, sir.

Mr. SLATTERY. Is there any reason why these denied claims cannot be reopened by the VA and adjudicated under the provisions of this legislation?

Mr. BROWN. No, sir. You ask two questions. Number one has to do with contacting those veterans whose claims have already been denied. We have about 4,000 claims: 2,000 have been decided, about 2,000 or so are pending. We have so far allowed about 300. We anticipate contacting every veteran whose claim has been denied.

And also, sir, for the first time we are not going to leave it just at that. We are going to contact all 20,000 veterans who have had Registry exams, advising them of this legislation.

With respect to your question regarding reopening claims, that is no problem whatsoever. What we have here, sir, is a new law. Under our present procedures, and we have operated this way for years and years and years, all a veteran has to do is request consideration under the new law, and we would automatically do that.

We will be working very closely with our service organizations to make sure they have the information they need in order to help these veterans reopen their claim under the new guidelines that, hopefully, will be enacted very shortly.

Mr. SLATTERY. The Vietnam Veterans of America feel that this legislation will not allow the use of independent medical experts or the testimony of other veterans in establishing veterans compensation claims. Is there any reason to suspect that the VA would not consider independent medical opinions or lay statements in consideration of these claims?

Mr. BROWN. Absolutely not, sir. The rules and regulations to include the policies that govern how claims are adjudicated will remain in place. So this is an additional mechanism, one that, I might add, we have not observed in the history of the VA that I am aware of.

There may be something similar out there that I am not aware of. But as a general rule, this is really far-reaching legislation, and it should be viewed as an additional mechanism to help veterans gain compensation for diseases or injuries that happened to them while they served in the Persian Gulf.

So, in that context, we will still consider evidence submitted by independent experts, medical statements from family physicians, and so forth, and consider it just as we would in any other case.

Mr. SLATTERY. Mr. Secretary, if we did not have the answers concerning undiagnosed symptoms or ailments within the 3-year period specified, would you support an extension of this legislation beyond that period?

Mr. BROWN. It seems to me that what we really are looking for are medical solutions. Our veterans out there are in pain. They are suffering from various types of pathological problems, so what we need to do is push forward with the science to see if we can find out what those problems are. Then we need a cure for those problems so they no longer are suffering. That is really what we want.

In the event that does not happen at the end of this 3-year period, it seems to me that the only responsible thing to do would be to continue to extend this legislation.

Mr. SLATTERY. I have no further questions of Secretary Brown.

Yes, Mr. Montgomery? Does the gentleman wish to be recognized for questions?

Mr. EVERETT. Thank you, Mr. Chairman.

Mr. Secretary, in your statement on pages 3 and 7 you spoke about reallocation and offsets to pay for this proposed medical research and disabled compensation for Persian Gulf War veterans. Do you believe that the PAYGO provisions of the Budget Enforcement Act should be applied to new benefits or services for wartime disabled veterans?

In other words, should it be necessary to offset existing veterans' programs to pay for wartime veterans' needs, or is the Administration willing to pay for them with additional appropriations?

Mr. BROWN. My legal people tell me that PAYGO rules apply. I would say to you that we have already identified the monies to pay for this.

I think that philosophically we should always look at expenditures on people who have been injured carrying out the policies of our Nation as a continuation of the cost of war.

Mr. EVERETT. And where would this offset that you have identified come from?

Mr. BROWN. We are looking at doing something we should have done a long time ago.

Under present law, a DIC widow receiving \$500 in compensation because her husband died of a service-connected disability, who is also, let us say, in a medicaid-covered nursing home, under the present requirements the State can take the entire amount. They take the entire amount from her, leaving her with no monies whatsoever.

Now, veteran pensioners in that same situation are allowed to keep \$90. We want to apply that same standard to our DIC widows—we would only pay that \$90; therefore, *we* keep the difference.

So, if it is \$500 a week, we keep the \$410 and that difference will allow us to pay for this provision, and at the same time put \$90 in our DIC recipient's pocket, which I think is very, very appropriate.

Mr. EVERETT. Thank you, Mr. Secretary. Thank you, Mr. Chairman.

Mr. SLATTERY. I would now recognize the chairman of the full committee.

Mr. MONTGOMERY. Thank you, Mr. Chairman.

I want to commend you, Mr. Secretary. You have come up here today and you have been firm. You support this legislation. You are going to have your staff implement provisions. When we do get this bill passed we will be ready to go.

I guess our problem is moving it and getting it to you. And if we can pass legislation out that you will accept in the House, I would certainly hope that you would help us in the United States Senate to move this bill forward.

Mr. BROWN. Mr. Chairman, I believe strongly in the effort here and I am sure that the differences will be worked out in this committee. We believe in it. It is consistent with the mission of our institution. VA would not exist if it were not there to serve our veterans.

I intend to write to each member in the House and each member in the Senate asking them to consider supporting legislation that will allow us to bring some relief to our Persian Gulf veterans who have suffered, in my view, much too long.

Mr. SLATTERY. Any further questions? I will now recognize the gentleman from Illinois as a member of the subcommittee, and then recognize the gentleman from Alabama.

Mr. EVANS. Thank you, Mr. Chairman. Mr. Secretary, you have moved forthrightly on these issues and I have had a good working relationship with you. We appreciate your continuing interest in this issue and your work in it.

To clarify your suggestion that we extend the period where an injury must manifest itself, you would be in favor of a 2-year period after the leaving of the theater of operations or after date of discharge?

Mr. BROWN. I would want to give the benefit of the doubt to the veteran. I like the idea of giving them a longer period of time after discharge. And that, sir, is probably consistent with how we measure many presumptive periods that have already been codified in Title 38.

As you know, 90 percent of our presumptive periods there involve 1 year. We do have some that are 3 years; I think Hansen's disease. We have one of 7 years for multiple sclerosis.

But I think by and large most of them are measured from the date of discharge, and I think that that is really the way to go. I think that is a fair thing to do.

[This response was subsequently clarified by Secretary Brown in a letter to Chairman Slattery dated June 14, 1994. He stated, in that letter, that VA favors a 2-year presumptive period measured from when the veteran left the Gulf theater.]

[The information follows:]



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

JUN 14 1994

The Honorable Jim Slattery
Chairman, Subcommittee on Compensation,
Pension and Insurance
Committee on Veterans' Affairs
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

At your Subcommittee's June 9, 1994 hearing on H.R. 4386, the "Veterans Persian Gulf Veterans Act," questions were raised concerning my support for a two-year presumptive period regarding service connection of disabilities due to undiagnosed illnesses suffered by Gulf veterans. Specifically, I was asked whether the two-year period should be measured from the date the veteran last served in the Southwest Asia theater of operations, or from the date of discharge from active service. The bill as introduced provides for a one-year presumptive period which would commence on the date the veteran left the theater of operations.

VA favors the approach embodied in the bill, i.e., measuring the presumptive period from when the veteran left the Gulf theater. As you correctly pointed out, using date of service separation as the baseline for when the presumption arises could result in significant disparities of application of the provision, depending upon how much post-Gulf-theater service a veteran had. Moreover, where Congress has created presumptions based on exposures to environmental hazards in service, such as ionizing radiation (Public Law 100-321) and herbicide agents in Vietnam (Public Law 102-4), it has provided that the presumptive periods be measured from when exposure to the hazard would have ended. In the case of ionizing radiation, the period is measured from "the last date on which the veteran participated in a radiation-risk activity" and, in the case of herbicide agents, from "the last date on which the veteran performed active . . . service in the Republic of Vietnam during the Vietnam era". Another precedent, and the one after which H.R. 4386 appears to be closely modeled, is Section 9 of Public Law 98-542 (October 24, 1984), which authorized interim benefits (for only two years) for chloracne and porphyria cutanea tarda suffered "within one year after the date of the veteran's most recent departure from the Republic of Vietnam during active . . . service."

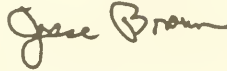
2.

The Honorable Jim Slattery

I regret that my oral testimony was not always consistent on this point, and I want to be sure, through this letter, that the record is clear.

Thank you again for inviting our testimony on this important legislation.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Jesse Brown". The signature is written in a cursive, slightly stylized font.

Jesse Brown

JB/jht

Mr. EVANS. Thank you, I appreciate that answer. I believe that VA has typically used the date of discharge when adjudicating a veterans' claim.

The chairman's legislation would restrict the payment of VA benefits to a 3-year period. Does the VA's endorsement of this bill mean that the Administration believes that veterans should have their VA benefits arbitrarily cut off, without consideration of either their condition, their service or the scientific evidence at the time?

I might add that, as I said to the chairman in my question, I found almost universal objection by the veterans' service organizations testifying today to that provision.

Mr. BROWN. Yes, sir. I don't have too much problem with it when it is placed in this context. This legislation is revolutionary. Never before has there been legislation enacted to provide payment for an undefined condition. The principle that governs service-connection has been that a condition or disability, chronic in nature, was incurred in or aggravated by service. Some exceptions, for example based upon presumptions, apply but loosely defined, that is what has been governing service-connection.

This legislation differs because what our Persian Gulf veterans have been exposed to and suffer from requires an unusual approach to resolving the problem. We need to move forward, but I think at the same time we have to keep in the back of our minds that we want to maintain the integrity of the system. We need to maintain the integrity of the system. We need to make sure that what we are doing is consistent with what the American people really, really want. As a result, I think it is only fair that we move forward, and then give this august body an opportunity to look at it again in 3 years to see whether or not we have made progress in the science. And if we have made progress in the science, then we need to rethink exactly how we are going to deal with that.

Now, of course, on the other hand, if we have not made progress, then I think the only fair thing to do would be for VA to continue to provide compensation.

This is an unusual situation, and what we are considering here needs to be done carefully. I really agree with you on that.

Mr. EVANS. You know, I guess my problem, speaking as a Democrat, is that there is the remote possibility that we might have a Republican administration within that time period and not as good a Secretary of Veterans Affairs as we have right now sitting in front of us. So I would hate to leave this issue to be further resolved by an administration perhaps that is not as sympathetic as you.

Can you give me any other instances where this has actually happened, where we have limited benefits to a period of time?

Mr. BROWN. There are some instances where we make periodic adjustments.

Let me give you a few examples. In the rating schedule, at least when I was involved in the technical aspects of the business, there was something that was called paragraph 28. So, if you had a certain condition, say a veteran had a psychotic breakdown while in service. That required what they refer to as a convalescent rating. I think it was for 6 months.

So, if he was discharged, let's say, in December after that breakdown, then we could actually pay 100 percent because the condition had not stabilized.

Another example is paragraph 29. Let us say, for instance, you go into a hospital and then you are discharged. Then they continue 100 percent for a certain period of time because we don't know what the residual effect is.

Those are some examples where we resolve the doubt in favor of veterans because we do not know exactly what the residual effect will be.

There was one other point that I would like to mention. You mentioned about Republicans, and I agree with you there. But I think that as long as we have our great service organizations—they are very, very smart. They stay on top of it. And I think that we can look for them to carry the battle if it should come to pass that we are not here at this table in a year and a half or so from now.

Mr. EVANS. Well, Mr. Secretary, my time is up. Mr. Chairman, I would like a second round if we could.

But I guess my only rejoinder is that those same service organizations you call upon us to rely on are objecting to that specific provision.

Mr. SLATTERY. I think again to clarify what we said earlier, I don't think there is any question that this 3-year period that the gentleman from Illinois refers to will be changed, and it is certainly no one's intention that these benefits would ever be terminated. So I don't know that there is a point of contention there.

And I would also——

Mr. EVANS. Mr. Chairman? Mr. Chairman, you are going to be Governor of your great State and we are not going to have your leadership on this subcommittee either.

Mr. SLATTERY. I hope that is prophetic. But prior to that time I want to assure the gentleman from Illinois that as we move forward with this legislation from this subcommittee even that issue that you have expressed concern about I believe will be addressed. And I think we have heard concern expressed on both sides of the political aisle today that that would be modified.

I would also point out that if my memory serves me correctly, when we originally addressed the Agent Orange question we did provide interim type coverage for disability compensation for a period of time as that whole issue was thrashed out, and then ultimately we made permanent those benefits.

I had a question, if I might ask the Secretary. Something that concerns me is if we, for example, say that someone, a veteran, would be eligible for these kinds of benefits, if an illness manifests itself within 2 years after separation from service, this creates a rather interesting situation where someone that was a career military person could theoretically have an illness manifest itself 10 or 12 years from now and still be eligible for this sort of disability compensation. Yet a person who was discharged immediately after returning from the Persian Gulf would only be eligible for these kinds of benefits if they had an illness manifests itself within 2 years, for example, from the date that they left the theater if that date coincided with the date of departure from the military.

So you could get into the situation where theoretically someone that was a career military person would be eligible for benefits 10, 15, conceivably even 20 years from now, while someone who is separated immediately after service would only be eligible for benefits if an illness manifests itself within 2 years. You see my point?

Secretary BROWN. Absolutely. And I do not disagree with you.

For certain kinds of problems such as malaria and so forth, we actually go back and try to figure out the incubation period between when a person was exposed and when it was first seen.

Your point is very, very well-taken, sir.

Mr. SLATTERY. It seems to me that during the Vietnam era with chloracne we had a 1-year period, if I remember correctly.

Mr. EVANS. Would the gentleman yield?

Secretary BROWN. There were two conditions, chloracne and—what was the other one, John?

Mr. THOMPSON. PCT.

Secretary BROWN. And PCT—porphyria cutanea tarda. Is that right?

Mr. THOMPSON. Yes.

Secretary BROWN. Those two tend to be more precedent-setting in terms of this situation. But as a general rule what we are doing here has never really been a permanent part of our adjudication process.

Mr. SLATTERY. Very good.

Let's see. I guess I should recognize Mr. Bishop here. Go ahead.

Mr. BISHOP. Thank you very much, Mr. Chairman. And, Mr. Secretary, I certainly appreciate your perspective on this legislation.

What I am looking at, and I guess what the subcommittee will be looking at, and the full committee ultimately, will be sort of a comparison contrast of the chairman's version and Mr. Evans' version in dealing with these issues, and I think that the information that you shared has been extremely helpful.

For example, you take the approach of a 2-year period. Mr. Evans was 3 years. The chairman was 1 year.

It appears as if, and I would like your perspective on this, as we work through this we should be able to reach some consensus in terms of how far we need to go, understanding that we are breaking new ground in terms of the procedure.

With the Persian Gulf veterans, we have in mind, and it is obvious the chairman as well as Mr. Evans has an abiding concern, and this committee has an abiding concern with offering some kind of relief and some kind of protection during that scientific information gathering period.

But at the same time we don't want to lock in forever when that scientific information may come back with something contrary to data that does not support the finding that it is appropriate.

So what we need to be careful to do is to find a consensus that will offer relief to veterans, but give us a chance to revisit it and at the same time not go so far that we are obligating the tax dollars for long periods of time when they may not ultimately be borne out by the scientific data. Is that pretty much correct?

Secretary BROWN. Yes, sir. There is no doubt in my mind that these differences will be ultimately resolved. I believe if you look at the history of compensation, especially as it applies to the pre-

sumptive period, these presumptive periods were primarily developed based upon a relationship between the time the initial manifestations could have occurred, and the time the condition was ultimately diagnosed.

For instance, if we use as an example multiple sclerosis. Multiple sclerosis has to be manifest within 7 years of discharge. But we know because it is a chronic disease process that it can take 7 years to develop. So that is why they came up with 7 years.

It is the same kind of relationship whether we look at the diseases in the regulation or those in the statute that governs disabilities resulting from exposure to radiation. Scientists have said that these types of cancer can develop 20, 30 or 40 years after a person was exposed, and that is the reason these things have evolved.

Ultimately this body will be governed by those principles as you move forward to try to figure out what is the best date and the proper date and proper time to apply that standard.

Mr. BISHOP. Mr. Secretary, just to follow up. In terms of resources for implementation, it would appear that obviously we don't have unlimited resources, and that some limitation is built in because as it stands now we are not allocating additional resources and you are going to have to use an already established resource pool to accommodate this. Is that not correct?

Secretary BROWN. Well, let me just make a statement. I believe very strongly that when the Government places our young people in harm's way and they get hurt, standard for what the Government should do to help them adjust from military back to civilian life should not depend upon its cost. It should depend upon what is the right thing for these people.

While we talk about the Budget Act and its limitations, we are motivated by a much higher standard, and that is to do the right thing for the people who have answered the call of the Nation.

Let me make just one additional point that is important to me. I just got back from Europe, and in World War II we lost over 400,000 men. Almost 700,000 were wounded on the battlefields during World War II. As a result of Vietnam, we have names of over 58,000 men down there on the Wall. Over 300,000 were wounded or disabled. And our Persian Gulf veterans, there were close to 700,000 over there, and, as a result, we lost over 400 wounded and about 400 dead in and around there. And now we have many, many more that are suffering from the aftereffects of their service.

I know, because I have spoken to you on many occasions, that you too are more concerned about doing the right thing for our people, and I feel real good that this committee will do exactly that.

Mr. BISHOP. Thank you, Mr. Secretary, and my time is out, but I do want to thank you for that response because it is consistent with my concern that when we have had veterans who have given their last full ounce of devotion, they did not retreat when they were called upon by the Nation, and I think it is incumbent upon us not to retreat now that they have given that service in terms of the benefits to which they are entitled, and I appreciate that very much.

Secretary BROWN. Thank you, Mr. Bishop.

Mr. SLATTERY. The chair has been advised that the Secretary has a schedule to meet later on this morning, to catch an airplane, and I know there may be some other questions. If there are questions that have not been adequately responded to or need to be asked, the chair would recognize other members of the committee.

Does the gentleman from Alabama wish to be recognized?

Mr. BACHUS. Yes, Mr. Chairman, and I appreciate the opportunity to appear before the committee.

Secretary Brown, you mentioned that the PAYGO provisions of the Budget Reconciliation Act will apply to this legislation, which means that all the expenditures under this legislation are going to have to be offset by taking money out of existing veterans' programs. Is that true?

Secretary BROWN. Yes.

Mr. BACHUS. All right. Now, that is an awful lot of money, isn't it? I notice in section 4 alone you estimate the cost at \$42.6 million annually.

Secretary BROWN. No.

Mr. BACHUS. And then \$1.6 million—

Secretary BROWN. There should be about \$45 million for the 3 years.

Mr. BACHUS. Well, it says annual cost of \$42.6 million.

Secretary BROWN. Oh, you are talking about outreach. You are talking about outreach.

Mr. BACHUS. Yes, and nonrecurring costs of \$1.6 million. So you are talking about \$44 million the first year and then 42-something the next 2 years, and that is for the outreach and case assessment programs.

And then in section 5 you estimate the cost as at least \$45.4 million for compensation, and it says "and very likely much higher," and I would think very likely much higher for sure, because we spend \$45 million or \$43 million a year for outreach and then we compensate a total of \$45 million totally.

You know, it looks like we are spending \$43 million to study this thing and assess it and outreach, and then maybe \$45 million for all the compensation. So I think we all agree that we are talking about much higher figures for compensation.

Secretary BROWN. No, I don't agree with that statement.

Mr. BACHUS. Okay.

Secretary BROWN. We stand by our statement that we believe that during the 3-year period it is going to cost us about \$45 million.

Mr. BACHUS. For all compensation?

Secretary BROWN. Not for all, just for the Persian Gulf veterans.

Mr. BACHUS. That is what I mean.

Secretary BROWN. Yes, we think that is a pretty good number based upon data we already have.

Mr. BACHUS. Then when you say very likely much higher, you really don't mean that.

Secretary BROWN. What I am saying is that, based upon the data we already have, we believe that the \$45 million will be enough resources for us to be able to implement this program over the next 3 years.

Mr. BACHUS. I understand section 4 talks about implementing the program, outreach, case development, and you have estimated that cost as about \$43 million a year.

Secretary BROWN. Yes.

Mr. BACHUS. Plus nonrecurring costs initially of almost \$2 million.

Secretary BROWN. Yes.

Mr. BACHUS. And then over in the compensation section, you are talking about the total—you believe the \$45 million figure is a reasonable figure for total compensation under this legislation.

Secretary BROWN. Yes, sir.

Mr. BACHUS. All right. That is a mighty low figure.

Secretary BROWN. Well, let's just talk about it. You said it is a mighty low figure, so let's talk about the standards used in arriving at these figures. If we look at the average compensation, we are not talking about a situation where we envision rating all veterans who apply at 100 percent. I think the average case we rate today is about 20 percent. So if we apply that standard to our Persian Gulf veterans, then we think that number will hold.

In terms of outreach, you are absolutely right, that is going to cost us probably another \$40 million or so.

Mr. BACHUS. A year—annually.

Secretary BROWN. Yes, sir. The outreach and medical care.

But I would say, sir, that this is the right thing to do, and if it means that we have to make some necessary adjustments and come back, hopefully, you will support us in getting money. And we are not talking about taking money from a program. The standard that I use is that it cannot have an adverse affect on the veteran.

Now I have identified somewhere between \$7 million and \$50 million to pay for this program if I have to, and that will adversely affect the beneficiary. In fact, it is going to help the beneficiary by putting money in her pocket that she did not have before.

Mr. BACHUS. All right. Secretary Brown, let me say this. We don't have any argument that this needs to be done; there is no argument there. I am saying this. If PAYGO applies here and we spend \$200 million in this effort or a billion dollars, you are saying, and I agree, that we are either going to have to take this out of the existing programs or we are going to have to find offsets; and, second, let's suppose that we can't—I am very skeptical that you can find \$250 million or \$200 million in existing programs. But you said you are going to identify those. Would you write us a letter and tell us how you propose—

Secretary BROWN. No. Please, sir, don't put words in my mouth. I didn't tell you I was going to be able to find \$200 million.

Mr. BACHUS. Well, let me say this. You have said the cost of this program is going—from your statement, you add up the costs; it is \$200 million.

Secretary BROWN. What I am saying—

Mr. BACHUS. Forty-four million a year for outreach.

Secretary BROWN. First of all, this money that I am talking about, I already have. We would be able to pay for the compensation part of it.

Mr. BACHUS. Which is \$45 million total, you are saying.

Secretary BROWN. Yes, sir, \$45 million total for the 3-year period. I don't have any problem. We would be able to pay for that.

Now if it gets extremely tight in terms of not being able to find existing resources and if the number gets as high as you are estimating, I am certainly not going to be able to absorb that kind of money out of our existing programs. I am going to be coming back up here on Capitol Hill begging.

Mr. BACHUS. Secretary Brown, you have estimated the cost of outreach at \$40-something million a year for 3 years, on page 3 of your statement.

Dr. MATHER. It is outreach and medical care.

Mr. BACHUS. That is right.

Dr. MATHER. These people are sick, and by the testimony we heard this morning, some of them haven't been coming to the VA because they didn't think the Government had anything to offer them.

Mr. BACHUS. Dr. Mather, I am not arguing on whether we need to do this.

Mr. SLATTERY. The time of the gentleman has expired, and I have been very generous in extending this.

Mr. BACHUS. Could I ask one other question?

Mr. SLATTERY. One other question.

Mr. BACHUS. Based on your statement, you have said it is going to cost this much, and I agree we need to spend this money; I don't think we could do it out of existing programs. You have said in your statement that you will identify appropriate offsets. I would like for you to do that. I would like for you to look again and tell me what you think the program is going to cost, where you can get it out of existing programs; and, second, I could say this, that I think the administration ought to be willing to pay for these new programs with additional appropriations if the administration doesn't identify and the VA doesn't identify where we are going to get this money from existing programs. I think we ought to start moving on that immediately.

Mr. SLATTERY. Any further questions? Okay.

Let me just observe that it is the chair's understanding that the PAYGO provisions provide or apply the entitlement portion of this legislation only, it does not apply the discretionary portion, and the outreach provisions in this legislation are funded with discretionary money, so technically we don't have PAYGO provisions applying to that discretionary side of this bill.

So the PAYGO provisions apply to the entitlement portion, which is the compensation portion, which is approximately the \$45 million that we have to deal with, and the Congress enacted these PAYGO provisions, and we now have to live with them if we are going to balance our budgets and stuff; it forces us all to make tough choices.

Does the gentleman from Tennessee wish to be recognized?

Mr. CLEMENT. Yes, thank you, Mr. Chairman.

Mr. Secretary, it is good to have you here, and your staff.

Secretary BROWN. Thank you, sir.

Mr. CLEMENT. I know how hard you work, and I know what a tough job you have trying to serve all the veterans.

Do you think the number one reason why the veterans have become disabled from the Persian Gulf War would be because of the immunizations that they received when they were in the Persian Gulf area?

Secretary BROWN. Sir, I can honestly tell you we don't know yet, and I think it would be very dangerous for us to try to make some assumptions. Once you make assumptions you begin to act on them, and in that process people may then be subject to various types of treatment modalities that really could be counter-productive in the long run.

I think we really have to wait until the scientists provide us with some answers here, and that is one of the reasons we are going to continue to push forward in that regard.

Mr. CLEMENT. Could you give me three or four of the top reasons why you think they have become disabled?

Secretary BROWN. Well, I can tell you this, sir. We have not removed anything from the table. We are going to look at leishmaniasis, we are going to look at depleted uranium, we are going to look at multiple chemical sensitivity syndrome, we are going to look at exposure to environmental hazards, we are going to look at the inoculation process, we are going to look at possible exposure to chemical and biological agents. We are going to maintain an open mind here until we can get some real answers, because we think it is too important to speculate over.

Mr. CLEMENT. Mr. Secretary, you said that this bill will allow VA to pay compensation without a case definition. Do you think you could start paying compensation to these veterans that have already filed claims and been examined?

Secretary BROWN. Yes, sir. We think if they fit within the criteria of this legislation, then there is no reason we should not be able to pay compensation to them, and there is no reason we should not be able to pay compensation to those who have already been denied.

Mr. CLEMENT. By your own admission, the outreach has been slow. Given the confines of this bill, how can we improve, and what have we learned so far?

Secretary BROWN. Well, one of the things we have tried to do was to be very proactive. We have testified before this committee, I think twice. We have our own Persian Gulf publication that we send out, and we are going to increase our efforts there. We are going to retrain our counselors on our toll-free numbers so that veterans will be able to get answers simply by picking up the telephone and calling the VA.

We will continue to work very closely with the service organizations. Who send out about 8 million magazines a month—so that we can reach as many veterans as we possibly can.

We are doing things that really have never been done before in the sense that we do not hesitate to go out and write an individual letter to each veteran if we believe it will help us accomplish our mission.

Mr. CLEMENT. Thank you.

Thank you, Mr. Chairman.

Mr. SLATTERY. Any other questions?

Mr. Evans is recognized for another round of questions.

Mr. EVANS. Mr. Chairman, I have one question actually on an individual case, and then I would like to submit some questions for the record.

Mr. SLATTERY. Very good. Without objection, yes.

Mr. EVANS. Mr. Secretary, I would hope that you could take a personal interest in the case of a veteran that has testified before our subcommittee—my subcommittee actually, and I have been notified by the wife of a Persian Gulf War veteran that Dr. Bryan and Dr. Rutkin from the Waco VAMC have determined is ineligible for fee-based care and must instead go to the VAMC for medical services, despite the fact that the Board of Veterans' Appeals declared that he is 100 percent service-connected.

BVA apparently also noted that this vet is eligible for aid and attendance because he has developed life-threatening allergies and asthma and needs to stay within his home, and I would appreciate it if you and your staff could personally look into this specific case.

Secretary BROWN. We will do that, sir. We sure will.

Mr. EVANS. Thank you very much.

Mr. SLATTERY. Mr. Secretary, thank you very much for your testimony today, and we appreciate the work that you are doing over in the Department of Veterans' Affairs, and we know that we have called upon you again to do another difficult duty, and that is to help to find the money to help pay for some of the additional expenditures that we anticipate this legislation will involve, and we thank you for that work too.

Secretary BROWN. Thank you, sir.

Mr. SLATTERY. So thanks for your testimony and thanks for the dedicated service you are providing over there.

Secretary BROWN. Thank you.

Mr. BACHUS. Mr. Chairman, may I ask unanimous consent to submit questions also?

Mr. SLATTERY. Absolutely, without objection.

The next panel is Mrs. Jeanne Fites, the Deputy Assistant Secretary of Defense, and Col. Kenneth Block of the U.S. Army, Deputy Director for Professional Affairs, Department of Defense.

We welcome you to the witness table today, and I would ask that you summarize your statements, and we will enter your complete remarks in the record.

Mrs. Fites.

STATEMENT OF JEANNE FITES, DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR REQUIREMENTS AND RESOURCES, U.S. DEPARTMENT OF DEFENSE, ACCOMPANIED BY COL. D. KENNETH BLOCK, U.S. ARMY, DEPUTY DIRECTOR FOR PROFESSIONAL AFFAIRS

Mrs. FITES. Mr. Chairman, members of the subcommittee, I am pleased to be here today to address compensation for our Persian Gulf veterans who are suffering from the unexplained illnesses.

I have with me Ken Block, who will answer any medical questions you may have. I'll deal with the compensation questions.

I would like to say that the Department of Defense supports H.R. 4386 and the suggestion of the Veterans' Administration to expand the coverage of the legislation to 2 years vice the one that was in the original legislation.

I would like to ask that my formal statement be included in the record, and we are ready to answer any questions you may have. [The prepared statement of Mrs. Fites appears at p. 88.]

Mr. SLATTERY. Mrs. Fites it is, isn't it? Excuse me, I mispronounced your name.

Mrs. Fites, Dr. Miller of the Medical Follow-Up Agency states that if examinations of veterans who are ill are to be done by both the VA and the DOD, the clinical evaluations should be uniform to permit subsequent data analysis. What steps has DOD taken so far to coordinate with the VA on any such examinations?

Mrs. FITES. We have met extensively with the VA and we have agreed upon identical examination protocols that will be used by both agencies.

Mr. SLATTERY. So you are confident that this coordination that is necessary is occurring?

Mrs. FITES. Absolutely. We have agreed to an examination protocol.

Mr. SLATTERY. I know that DOD has begun a major outreach effort to personnel who served in the Persian Gulf War, and I am just wondering, can you just describe some of the efforts that DOD has made to reach out to these veterans?

Mrs. FITES. I will be glad to.

First, Secretary Perry and the Chairman of the Joint Chiefs of Staff have personally shown their interest and asked that a letter from them to all the Persian Gulf veterans be transmitted to those veterans. We are in the process of doing that right now. Secretary Joseph, our Assistant Secretary for Health Affairs, announced a couple of weeks ago that we plan to bring in all Persian Gulf veterans who are suffering from illnesses to go through this extensive examination protocol. We will start first with the Persian Gulf veterans who had signed up or are already on our Persian Gulf Health Surveillance System Registry, which is roughly 300 people. We are right now doing outreach to contact these people to schedule them into the examination centers. We will then follow up with new people that come forward and want to be treated.

Mr. SLATTERY. What is the most current number that you are working with as far as the number of Persian Gulf veterans that are suffering from some of these undiagnosed illnesses? What is the number that the Pentagon is using these days?

Mrs. FITES. We don't know. We have 300 on our registry. The Department of Veterans' Affairs has 20,000 on theirs, of which they estimate several thousand have the unexplained illnesses. We expect there are people out there that haven't contacted us. That is why we are doing the outreach.

Mr. SLATTERY. I have no further questions.

Does the gentleman from Alabama, Mr. Everett, wish to be recognized?

Mr. EVERETT. Yes, thank you, Mr. Chairman.

Mr. SLATTERY. The gentleman is recognized for 5 minutes.

Mr. EVERETT. How many servicemembers are currently serving in the Persian Gulf?

Mrs. FITES. We had almost 700,000 servicemembers who served in the Gulf.

Mr. EVERETT. No, who are currently serving—I am sorry.

Mrs. FITES. Oh, who are currently serving. I am afraid I would have to provide that for the record. I just don't know. It is a small number.

Mr. EVERETT. Okay. In other words, you don't know how many we have got over there today.

Mrs. FITES. No, I don't. It is a small number.

Mr. EVERETT. And could you tell me exactly why we have them over there?

Mrs. FITES. I am afraid that is just beyond my area of expertise. I will certainly provide an answer for the record.

(The information follows:)

There are approximately 17,000 servicemembers currently supporting operations in the Persian Gulf theater.

(The information follows:)

United States military forces in the Persian Gulf region fulfill three basic purposes:

- To serve as a visible token of our commitment to defend U.S. national interests in the Gulf, most notably the continued flow of oil to world markets and the security of our key regional partners. In this role, U.S. forces serve both as a deterrent to potential threats to our interest and as a reassuring symbol of our commitments to our partners. Our peacetime force presence—in combination with equipment prepositioned in various Middle Eastern countries and afloat, improvements in strategic lift capabilities, and access agreements with various partners in the region—gives us the ability to respond immediately to threats and provocations and is the basis for an effective response to any large-scale military challenge.
- To carry out operations in support of the U.S. national policy of enhanced containment of Iraq. This includes enforcing United Nations sanctions at sea and patrolling the no-fly zone over southern Iraq south of 32° north latitude.
- To train and exercise with local forces, enhancing their ability to provide for their own defense, our ability to deploy additional forces quickly without building permanent bases, and our mutual interoperability.

Mr. EVERETT. How often are these servicemembers rotated?

Mrs. FITES. The Air Force rotates the members every 3 months.

Mr. EVERETT. I beg pardon?

Mrs. FITES. The Air Force members who are over there rotate every 3 months.

Mr. EVERETT. Okay.

Mrs. FITES. The Army members, depending on where they are stationed, either rotate every 6 months or every year, depending on their jobs.

Mr. EVERETT. As these members rotate, are we seeing these symptoms further develop on these most recent members?

Mrs. FITES. Not so far.

Mr. EVERETT. Thank you very much.

Thank you, Mr. Chairman.

Mr. SLATTERY. I thank the gentleman from Alabama.

Does the gentleman from Tennessee wish to be recognized?

Mr. CLEMENT. We are pleased to have you here today.

It was suggested that rather than boarding Persian Gulf veterans with debilitating conditions they be placed on temporary retirement. What are your views on this?

Mrs. FITES. We are looking into that right now. In the meantime, we have stopped discharging any of them with the unexplained illnesses.

Colonel BLOCK. To place people on the Temporary Disabled Retirement List, TDRL, the same process is used as to place them on

the permanent list. People who are placed on the TDRL have an unstable condition. If the condition stabilizes at TDRL reevaluations, then you can either be found fit for duty, you can be separated with severance pay, or you can go on to be placed on the Permanent Disability Retirement List.

Mr. CLEMENT. So, Colonel, you are not placing them on temporary retirement at this time?

Colonel BLOCK. No, sir, at this time we are not; they are being kept in the service.

Mr. CLEMENT. You were, there, for a while.

Colonel BLOCK. To my knowledge, sir, the Disability Systems of the Military Departments have not found anyone unfit based on an undiagnosed illness.

Mr. CLEMENT. Thank you.

Mr. SLATTERY. Any further questions?

The chair has no further questions either, so we thank you all for your testimony today and appreciate your patience in waiting all morning to testify. Thank you very much.

Mr. SLATTERY. The next panel of witnesses is Dr. Richard Miller, director of the Board of Medical Follow-up Agency, Institute of Medicine, National Academy of Sciences, and Mr. Clyde Behney, assistant director; Maria Hewitt, senior analyst, Office of Technology Assessment; and Timothy Gerrity, the chief, Clinical Research Branch, U.S. Environmental Protection Agency.

We welcome you all to the witness table today.

I will start with Dr. Miller.

STATEMENTS OF RICHARD MILLER, M.D., DIRECTOR, BOARD OF MEDICAL FOLLOW-UP AGENCY, INSTITUTE OF MEDICINE, NATIONAL ACADEMY OF SCIENCES; TIMOTHY R. GERRITY, CHIEF, CLINICAL RESEARCH BRANCH, U.S. ENVIRONMENTAL PROTECTION AGENCY; AND CLYDE J. BEHNEY, ASSISTANT DIRECTOR, OFFICE OF TECHNOLOGY ASSESSMENT, ACCOMPANIED BY MARIA HEWITT, SENIOR ANALYST

STATEMENT OF RICHARD MILLER, M.D.

Dr. MILLER. Good morning, Mr. Chairman, members of the subcommittee. I am pleased to have the opportunity to testify on the legislation designated H.R. 4386. I will focus my oral comments on sections 6 and 7.

Regarding sections 6 and 7, I am unable at this time to make specific recommendations or comments concerning research activities because the Institute of Medicine committee to review the health consequences of service during the Persian Gulf War will be making recommendations in compliance with the charge set forth in Public Law 102-585. Work began in October of 1993. The committee was appointed in December and had their first meeting in January of this year.

The second committee meeting and a public hearing were held in February here in Washington, and a major portion of that meeting was devoted to presentations by veterans, their spouses, and other concerned individuals. The IOM committee convened its third meeting in April in Washington in executive session to discuss the initial material to be considered in the interim report and will hold

its fourth meeting in July. The interim report will be ready at the end of 1994 following the critical peer review required by the National Academy of Sciences.

I am fully aware of the sense of urgency felt by everyone in this room to address the problems faced by the Persian Gulf veterans, but it is critically important that we provide the IOM committee sufficient time to conduct a detailed deliberative evaluation of the available material in order to make long-term research recommendations.

In the shorter term, to assist in addressing current needs, the IOM is very willing to provide independent advice when requested; for example, the discussions now under way with the DOD concerning the possibility of providing expert committee oversight to the case assessment protocol discussed in the bill.

Clearly, the remarkable disease events following the Persian Gulf War and the Agent Orange experience following the Vietnam War should tell us that we should direct a portion of our research activities and dollars to preparing for the next major military deployment, and those activities should be directed not only at surveillance systems for early as possible detection and definition of problems but, much more importantly, at preventive strategies. We need not accept the inevitability of similar post-deployment epidemics in puzzling morbidity in our fighting forces.

Mr. Chairman, thank you for letting me share these thoughts with this committee.

[The prepared statement of Dr. Miller appears at p. 89.]

Mr. SLATTERY. Dr. Gerrity.

STATEMENT OF DR. TIMOTHY R. GERRITY

Dr. GERRITY. Thank you, Mr. Chairman and members of the subcommittee, for the opportunity to testify on the NIH Technology Assessment Workshop on Persian Gulf Experience and Health.

Although my official duties as a Government employee involve directing EPA's research on the acute human health effects of environmental air pollutants, I will be testifying today in the context of my activities as chair of the workshop planning committee.

Using the NIH Consensus Development Conference model, an expert panel composed of 11 distinguished non-Federal scientists and a representative from the Disabled American Veterans met on April 27 to 29, 1994, in a public meeting held at a Masur Auditorium on the Bethesda campus of NIH.

During one and a half days of testimony, the panel heard 38 scientific presentations and heard testimony from 11 Persian Gulf veterans and four veterans' service organizations. Following the presentations, the panel adjourned to consider the presentations and to prepare a statement answering several questions posed to it by the workshop planning committee.

The questions presented to the panel were: One, what is the evidence for an increased incidence of unexpected illnesses attributable to service in the Persian Gulf War? Two, if unexpected illnesses have occurred, what are the components of the most practical working case definitions based on the existing data? Three, if unexpected illnesses have occurred, who are the plausible etiologies

and biological explanations for these unexpected illnesses? And four, what future research is necessary?

In response to the first question, the panel found that the data from currently available sources such as VA's Persian Gulf Registry were not sufficient to draw any conclusion regarding the incidence of unexpected illness. The panel, however, noted that a new and unexpected manifestation of leishmaniasis, viscerotropic leishmaniasis, had been identified by investigators but because of the absence of accurate diagnostic tools, the true incidence is unknown. Finally, the panel pointed out that the available data on congenital malformations reported in the offspring of Persian Gulf servicemembers are insufficient to determine whether there is an increased incidence.

In response to the second question, the panel concluded that although there are several symptoms unexplained by established disease categories, it would be premature to establish a case definition because the evidence for a single disease entity is lacking and that any attempt to establish a case definition at this time would be misleading and inaccurate.

In response to the third question, the panel concluded that no single or multiple etiology or biological explanation for the reported symptoms was identified from the data available to the panel. Of the many potential causative agents considered, the panel felt that the evidence suggesting causation from sand dust, depleted uranium, Pyridostigmine, pesticides, CARC paint, and vaccines was not compelling.

The panel could not conclude anything regarding biological and chemical warfare agents because the DOD reported that no exposure occurred and further evaluation awaits the report of the Defense Science Board.

Noting that the Persian Gulf War was the first combat experience in which U.S. Armed Forces entered this theater with the real threat of exposure to biological and chemical warfare agents and that the effects of living under this threat is unknown, the panel suggested that some veterans may be experiencing a post-traumatic stress syndrome distinct from or overlapping with classic PTSD. The panel stressed, however, that it was not suggesting a lack of physical basis for reported symptoms.

In response to the fourth question, the panel made several important research recommendations. I will briefly summarize these.

One, a health survey of all or a representative sample of Persian Gulf veterans is needed. Unavoidable methodological problems will accompany such a survey and make interpretation difficult. However, it is the only way an estimate of the symptom prevalence can be made.

Two, a uniform case assessment protocol is essential in the effort to ultimately develop a case definition. Such uniform protocols need to be established across the VA and the DOD.

Three, in order to help better define underlying illnesses, well designed cohort and case control studies are needed.

Four, a retrospective cohort study investigating the potential effects of the oil well fires on pulmonary function should be conducted.

Five, simulations of indoor exposure to air pollutants such as diesel exhaust, pesticides, and CARC paint should be conducted to evaluate their potential health impacts.

Six, further research by the DOD into deployment and combat stress is needed.

Seven, a multidisciplinary research effort to identify treatable stress-related or stress-exacerbated illnesses should be undertaken.

Eight, the DOD should take a more aggressive approach to occupation hygiene concerns during military operations, including improved exposure measurements.

In conclusion, Mr. Chairman, the NIH Technology Assessment Workshop on Persian Gulf Experience and Health provided a major step forward in understanding the illnesses associated with service in the Persian Gulf War. The research recommendations of the panel form a strong basis for improvement of the scientific database upon which the first three questions asked of the panel can eventually be answered.

Because the execution of these research recommendations is vital to furthering the ability of the VA and DOD to provide effective care to former and current servicemembers, it is absolutely essential that any in-house research program undergo appropriate internal and external peer review prior to execution. The up-front investment in time needed for peer review would ultimately accelerate the process of establishing accurate diagnostic and treatment protocols.

I want to thank the subcommittee for this opportunity to discuss the Persian Gulf workshop and to offer my assistance at any time in helping work toward its goal of ensuring effective diagnosis and treatment and compensation of Persian Gulf veterans.

[The prepared statement of Dr. Gerrity appears at p. 93.]

Mr. SLATTERY. Thank you, Dr. Gerrity.

Mr. Behney.

STATEMENT OF CLYDE J. BEHNEY

Mr. BEHNEY. Thank you, Mr. Chairman.

As you know, as a congressional agency, OTA never takes a position in support of or opposed to proposed legislation, but we are pleased to be here to comment on the research aspects of H.R. 4386, particularly the proposed survey.

We know that at least some Persian Gulf veterans have serious illnesses and, further, that some of these illnesses have thus far defied diagnosis. What is not known and what will not be learned even if all the research under way is successful is the extent of serious illness in the entire Persian Gulf veteran population and the types of conditions that the people are suffering from.

H.R. 4386 proposes a survey to acquire the kind of information that would be needed to define the extent of the Persian Gulf veterans' health problems and to plan a rational research agenda for the coming years. In addition, it could be used to better implement other aspects, other components of H.R. 4386. We believe that it would be a mistake to initiate other major—major epidemiologic efforts until the results of the survey are available.

At the moment, we are seeing a proliferation of studies and data collection by VA and DOD but despite an official coordinating com-

mittee, there is still no sense of an overall strategy. For example, the revision of the registry examination protocol which began last fall still is not complete. What this implies is that an additional 10,000 or so veterans have been examined using the flawed protocol.

As to the survey itself, clearly it is most important to find out the prevalence and nature of serious health problems in Persian Gulf veterans and their families. Secondly, information about what the veterans perceive as the reasons for their problems and about what they think they were exposed to could also be gathered.

We are concerned that the opportunity afforded by this bill to survey Persian Gulf veterans not be squandered on a poor quality effort and have some suggestions for how such a situation might be avoided.

First, we suggest that the survey be designed by individuals with significant experience and expertise in survey research. They can do this in cooperation or collaboration with VA and DOD researchers who have knowledge of the Persian Gulf experience.

An extremely difficult issue will be how to interpret the results of a survey of Persian Gulf veterans in relation to what might be expected to be found in terms of illness and disability in a similar population who were not in the Gulf. A control group is a possibility. For various reasons, however, we suggest that that not be an automatic response. There could be comparability problems in designing a control group, and therefore I suggest that before a control group with its often high expense and expectation that there will be great comparability take place, that alternatives be examined very carefully.

We are concerned also that the focus of the survey not be entirely on reporting symptoms but should focus heavily on functional disability. The reason for this, obviously, is that many of the symptoms and sets of symptoms that are being reported are quite general and subject to tremendous variation and interpretation.

You heard earlier that—I believe the Secretary mentioned the three that they were pointing out—fatigue, joint pain, and memory problems, very nonspecific. It will be important, therefore, to move beyond symptoms into finding out whether people have become functionally disabled and the extent of those disabilities.

A number of other areas also must be covered in the survey both because veterans will expect to be asked about them and because they might provide clues about the origins of their conditions.

It should be recognized at the outset that a survey of veterans will not necessarily be definitive in actually identifying exposures but, again, may provide clues that can be followed up in later studies.

OTA prefers for the survey that a telephone interview be used rather than a mail interview. Telephone surveys tend to have better response rates than do mail surveys, and they offer greater flexibility and the potential to probe for more information. Over or underreporting of health conditions is always a concern with self-reported survey data. One way to estimate the extent of misreporting would be to conduct medical examinations and medical record reviews on a small sample of the survey population. While this activity could add considerably to the cost of the survey,

it may be a necessary expense to be incurred in order to ensure a high degree of validity.

No survey or other type of study is going to answer everyone's questions about the health of Persian Gulf veterans. There undoubtedly will be disagreements about how serious the problems are in this population for years to come no matter what research is done, no matter what the findings of that research are. Despite the problems that will be incurred of that nature, we believe a survey could be a significant step forward.

Thank you again for the opportunity to appear before the subcommittee, and Ms. Hewitt and I will be happy to answer any questions.

[The prepared statement of Mr. Behney appears at p. 102.]

Mr. SLATTERY. Thank you.

Ms. Hewitt.

Mr. BEHNEY. No. She is accompanying.

Mr. SLATTERY. She doesn't have any testimony then.

Mr. Miller, the OTA believes that the survey is critical to determining what kind of long-term research ought to be conducted. I realize your inability to comment on research in detail, but can you at least indicate whether you would agree with OTA's position that no major studies should be conducted until we have more data available?

Dr. MILLER. I suppose one would have to define what types of studies. I think there are small epidemiologic studies that could be done in advance of the major survey work, but a comprehensive study probably should await the results of the survey.

Let me add, though, that I am not sure that I understand if the NIH panel and the OTA are concurring in a survey of every single individual veteran or whether they are talking about a sample survey of 50,000 or 100,000. I would certainly—and I speak only for myself—would opt for a sample survey so that there are individuals left untouched, if you will, and unaffected by any questions, so that the examination of that population could be done separately at a later time.

Mr. SLATTERY. Thank you.

Dr. Gerrity, you stated that it would be premature to establish a case definition at this time. Before this can be accomplished, a uniform case assessment protocol must be established by the VA and the DOD. Do you have an estimated time frame for how long it would take to first install a case protocol and then establish a case definition? What kind of a time frame are we looking at?

Dr. GERRITY. In terms of the establishment of a case assessment protocol, it is my understanding, but I would defer to my colleagues at the VA, that they have at this time established a case assessment protocol and that they are beginning to move forward with that.

With respect to a case definition, that is a more difficult question to answer in terms of time frame because it is going to be dependent upon a number of things.

Clearly the panel itself was unable to—given the current state of our scientific and clinical knowledge of Persian Gulf illnesses, they were unable to see that an adequate database was there to establish a case definition now. So we are really looking at a fundamen-

tal question of data itself being available. The survey will begin to move us toward establishing that database for a case definition.

The detailed case assessment and uniform case assessment protocol—when that is implemented and data becomes available from that, more information that will feed into a case definition will become available. The time frame, however, is very difficult to assess at this point.

Mr. SLATTERY. Mr. Behney, you indicated in your statement that it would be a mistake to initiate other major epidemiological studies, cohort studies, or case control studies, until the results of the proposed survey are available. The American Legion recommends that we mandate an epidemiological study. How would you respond to that?

Ms. Hewitt?

Ms. HEWITT. I think that clearly focused studies are ongoing now and will continue to go on. We heard earlier that the VA has a research agenda ongoing. These are clearly very appropriate. I am not familiar with that particular study, but I think we were talking about a major very large perhaps more general research agenda.

Mr. SLATTERY. Mr. Behney, do you believe that the survey on Persian Gulf veterans should be conducted by some entity other than the VA?

Mr. BEHNEY. Well, if the VA is going to conduct the survey, as I indicated, we strongly suggest that in addition to an outside advisory peer review group, that they bring in outside experts in survey research who have had a large amount of experience with doing such research.

The VA has a large amount of expertise in various areas, and they have the knowledge about veterans and their Persian Gulf experience, but it is our opinion that they would benefit, if they are going to do the survey, by bringing in outside expertise.

An alternative is, there are a number of highly qualified outside groups, whether at universities or consulting firms, who have had good experience in doing surveys that have worked quite well. If that route is taken, we actually suggest in the written testimony that an accelerated contract review process be used, because this type of survey that we see in the bill could actually be put together relatively quickly and it would be a shame if the contracting process would drag it on for a year when it could probably get under way in half or less of that time.

Mr. SLATTERY. I have no further questions.

Does the gentleman from Illinois have any questions of this panel?

Mr. EVANS. No, thank you.

Mr. SLATTERY. Thank you very much. We appreciate your all being here today.

For the next panel we have Col. Charles Partridge, U.S. Army, retired, legislative counsel for the National Association for Uniformed Services; Mr. Joseph Violante, the legislative counsel for the Disabled American Veterans; and Mr. Michael Brinck, National Legislative Director for AMVETS.

Gentlemen, we welcome you all to the committee today, and we will start with Colonel Partridge.

STATEMENTS OF COL. CHARLES C. PARTRIDGE, U.S. ARMY (RET.), LEGISLATIVE COUNSEL, NATIONAL ASSOCIATION FOR UNIFORMED SERVICES; JOSEPH A. VIOLANTE, LEGISLATIVE COUNSEL, DISABLED AMERICAN VETERANS; AND MICHAEL F. BRINCK, NATIONAL LEGISLATIVE DIRECTOR, AMVETS

STATEMENT OF COL. CHARLES C. PARTRIDGE

Colonel PARTRIDGE. Thank you, Mr. Chairman and members of the subcommittee.

I welcome the opportunity to present the views of the National Association for Uniformed Services and the Society of Military Widows. We represent all grades and branches of the uniformed services personnel, their spouses and survivors, both active, retired, and veteran—other veterans.

We want to thank you for considering H.R. 4386 this morning to provide compensation to veterans suffering from disabilities resulting from their service in Southwest Asia. We strongly support authorizing the Secretary of Veterans' Affairs to provide compensation to these veterans who suffer disabilities. We do not believe, however, that the compensation period should be limited to 3 years.

The men and women who served in the Persian Gulf were serving on an open-ended contract to do whatever was required for as long as necessary, whatever the personal costs, until the mission was accomplished. There were no escape clauses or conditions, and we believe the Nation must give the same commitment to these veterans that they gave to the Nation.

The bill would also limit payment of compensation only to those veterans whose illness became apparent within 1 year after the last day of service in the Persian Gulf. Again, this provision could result in severely ill veterans not being compensated. The medical community does not know enough about the disability to allow such a limit to be imposed, and this is further complicated by evidence presented before the House Armed Services Committee recently that indicates institutional bias may be preventing some active duty Gulf War veterans from coming forward for treatment and subjecting those who do come forward to unnecessary stress and humiliation. While recognizing this is not the policy of the Department, the point was made that this may be happening.

Therefore, we believe that until more is learned about this medical problem no limit concerning manifestation of the illness could be imposed. This is not to say that it should not be imposed at some time in the future.

I would also like to comment briefly on the funding source that Secretary Brown mentioned for this problem. We believe that the committee should go back to the Congress to get the money for this. Secretary Brown mentioned there was money in the DIC widows program. If there is any money available in the DIC widows program, then that money should go to restore previous cuts in those programs that were made over the past few years. We believe separate funding should be found for this.

Thank you, Mr. Chairman.

[The prepared statement of Colonel Partridge appears at p. 107.]
Mr. SLATTERY. Thank you, Colonel Partridge.

Mr. Violante.

STATEMENT OF JOSEPH A. VIOLANTE

Mr. VIOLANTE. Thank you, Mr. Chairman members of the subcommittee. On behalf of the Disabled American Veterans and its Women's Auxiliary, I wish to express our deep appreciation for this opportunity to provide the subcommittee with DAV's assessment of H.R. 4386.

At the outset, Mr. Chairman, I would like to note that the VA already has the statutory and regulatory authority to provide compensation to veterans suffering from these disabilities resulting from illnesses attributed to their service in the Persian Gulf theater during the war in Southwest Asia. However, the VA's reluctance to provide compensation to these veterans is addressed in H.R. 4386.

This bill requires the Secretary to pay compensation to veterans. Further, it calls for the Secretary to develop case assessments, strategies, and diagnoses of these illnesses, provide greater outreach to Persian Gulf War veterans, and increase research activities in consultation with Department of Defense and Health and Human Services.

The DAV acknowledges and applauds these efforts. While compensation will certainly help those veterans who are unable to provide for their own basic needs or for the needs of their families due to their ailments, the cloud of mystery surrounding these ailments must be removed in order to provide an environment in which these veterans can recover their previous health status to the maximum extent possible.

All of our Government's available resources must be utilized in order to quickly resolve the lingering questions surrounding these ailments. Too much precious time has already been lost and too many questions still remain unanswered. It is imperative that these wartime disabled veterans not be forgotten solely because the scientific and medical community is unable to find answers to the sources of their ailments.

We are concerned that the 1-year presumptive period provided for in H.R. 4386 is not adequate, and we have heard this morning that that will be looked at further, and we appreciate that. Our comment is that it be left open. Since we do not know exactly what we are dealing with, it is difficult to put a time limit, and so we would request that that period remain open such as it is in radiation cases and Agent Orange.

One thing is abundantly clear. These brave men and women are suffering from ailments circumstantially linked to their service in the Persian Gulf and are therefore entitled to compensation. There is no question in our mind that their problems and needs are real and their situation cries desperately for assistance from the VA.

Secondly, Mr. Chairman, we question why for the purposes of this bill Persian Gulf "veteran" is defined as a veteran who served on active duty in the Southwest Asian theater of operation between August 2, 1990, to the date of the enactment of this legislation. With members of our armed forces still serving in that theater of operation, we are concerned that the ending date is premature and serves no legitimate purpose. These brave men and women are still

serving their country, and their country should not turn its back on them. Accordingly, we believe that the ending date defining a Persian Gulf veteran should be left open until our troops return.

In closing, I would like to note that this country started this week off paying tribute to and commemorating the brave soldiers, sailors, and airmen who participated in the D-Day invasion of Normandy 50 years ago. Fifty years later, the memories and emotions still run strong in these veterans. Next week this country will do likewise to the marines, sailors, and airmen who fought in one of the bloodiest battles of World War II, the invasion of Saipan.

It appalls us to think that, based on our understanding of the PAYGO provisions of the Budget Enforcement Act, in order to pay for the provisions of this legislation, some other worthy program or group of disabled veterans or their dependents will have to give up their compensation to fund these provisions at a time when our Nation reflects upon and commemorates the victories of this country's war heroes 50 years ago.

Isn't it time that Congress realizes, as the House Veterans' Affairs Committee has over the years, that paying for disability of wartime disabled veterans is nothing more than an extension of the costs of the war waged by our Government? It is unconscionable to think that one group of wartime disabled veterans must give up an entitlement so that another group of worthy wartime disabled veterans can receive benefits or services to which they are entitled. PAYGO provisions should not be applied to benefits or services affecting wartime disabled veterans.

And, for the record, Mr. Chairman, I would like to note, in the panel before ours there was a statement made that DAV was represented on the NIH panel. I would just like to clarify that. Dave Gorman, our Deputy National Legislative Director, did participate on that panel; however, in an individual capacity and not as a representative of DAV.

This concludes my statement, and I would be happy to answer any questions you may have. Thank you.

[The prepared statement of Mr. Violante appears at p. 109.]

Mr. SLATTERY. Thank you, Mr. Violante.

Mr. Brinck.

STATEMENT OF MICHAEL F. BRINCK

Mr. BRINCK. Good morning, Mr. Slattery. You have gotten our statement, and I will limit my remarks to save some time.

First, I would like to say that we do support H.R. 4386 unequivocally. There are some things we would like to see improved. We have covered that. It has been covered in detail by the other organizations about limitations and terms of eligibility and manifestation and that sort of thing.

We would also like to see the families brought into this thing because there is at least some anecdotal information that the families are exhibiting—in terms of spouses, are exhibiting some of the symptoms being suffered by the veterans, and in those cases they should also be included in any sorts of new experimentation.

What you are really talking about here is breaking new ground in terms of how this committee and the VA and the Nation will compensate its veterans. You know, in the past we have based it

on pure science. If it wasn't directly service connectable with good cause and effect relationships, it didn't get authorized. So this is a significant move on your part, and we really appreciate that. I hope that the veterans throughout the country recognize the difference that this is going to make down the road.

You are establishing, hopefully, some middle ground between pure science and more of a moral obligation to take care of the veterans and, by being proactive in this manner while establishing some limitations, I think would establish new ground, and I hope that you would be able to work out with Mr. Evans some of the good points in his bill, as the chairman has offered to do, and come up with an improved H.R. 4386 that will do a little bit more than what the original bill would call for, and I would be happy to answer any questions, sir.

[The prepared statement of Mr. Brinck appears at p. 112.]

Mr. SLATTERY. Thank you.

I thank each of you for being here today, and I appreciate your testimony, and again I want to assure you that all the members of this committee, I think, will be working on a bipartisan basis in the next few weeks to improve on H.R. 4386.

I think the gentleman from Illinois has made some good points this morning in terms of things that can be done to improve on it, and we are looking forward to working with Mr. Evans and all the other members of the committee also.

I appreciate the input that you have provided today, and I am hopeful that we can have a bill ready for markup within a couple of weeks and have this bill under consideration by the full committee before the July 4 recess. I want to get this legislation passed this year before I complete my service here, and I agree with you, Mr. Brinck, that this is breaking important new historic ground for veterans in this country, and I think it is good ground to break, frankly.

I think that through the years, certainly with the way we treated Vietnam-era veterans with Agent Orange, that we don't need a repeat of that, and I think that this legislation is very clearly, in effect, saying we are not going to wait for science to determine exactly what kind of illnesses these veterans are suffering from; the fact of the matter is, we believe they are suffering from illnesses that they contracted while serving our country in the Persian Gulf, and we are going to assume that they are service-connected, and we will let science catch up with us, and I think that is the only responsible way for us to proceed, and we will be doing that.

We will be working to figure out how to pay for it too, and, Colonel Partridge, I would hope that we can find the money in the Department of Veterans' Affairs to do it. If we can't, we have to go some place else.

The problem we have, of course, is, with our PAYGO provision in the law that a lot of people applauded when it was enacted and I don't think fully understood just how tough it would be to live with in dealing with some of these circumstances, but in the Senate they have certain rules that are tough to live with too, so we don't want to run into some procedural problem in the Senate in the passage of this kind of legislation either.

So we will be working as hard as we can to get this bill going and get it through the House, and I appreciate your testimony today, and I recognize the gentleman from Alabama—if he doesn't have any questions, that is fine.

Does the gentleman from Illinois have any questions?

Mr. EVANS. One quick question for the entire panel.

First, we appreciate your testimony. You all support dedicated funding for research. Would you support an epidemiological study, or do you have no position on that?

Mr. VIOLANTE. I think DAV would support such a study.

Mr. BRINCK. AMVETS would also.

Colonel PARTRIDGE. And we would too, sir, NAUS.

Mr. EVANS. Thank you very much.

Mr. SLATTERY. Again, thank you very much for appearing here today. We appreciate your testimony, and we will look forward to working with you as we proceed, and we welcome your input. Thank you very much, and you are excused.

Mr. SLATTERY. The next panel is Mr. Russell Mank, National Legislative Director of Paralyzed Veterans of America; Mr. Larry Rhea, Deputy Director of Legislative Affairs, Non Commissioned Officers Association; and Mr. Philip Wilkerson, Assistant Director, National Veterans Affairs and Rehabilitation Commission of The American Legion.

Gentlemen, we recognize you and welcome you to the committee, and I will start with Mr. Mank.

It is always a pleasure to welcome you, Russell, and we look forward to your testimony.

STATEMENTS OF RUSSELL W. MANK, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA; LARRY D. RHEA, DEPUTY DIRECTOR OF LEGISLATIVE AFFAIRS, NON-COMMISSIONED OFFICERS ASSOCIATION; AND PHILIP R. WILKERSON, ASSISTANT DIRECTOR, NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION, THE AMERICAN LEGION

STATEMENT OF RUSSELL W. MANK

Mr. MANK. Thank you, Mr. Chairman and members of the subcommittee. On behalf of the members of Paralyzed Veterans of America, I appreciate this opportunity to testify on H.R. 4386.

Mr. Chairman, PVA supports the provisions of H.R. 4386 which provide for further medical research to resolve the problems of diagnosing the various symptoms plaguing some of our veterans who served during the Persian Gulf hostilities. This research is necessary to permit better treatment of their problems, allay untoward fears of what their symptoms may lead to, and permit appropriate compensation for their illnesses.

PVA believes that if the medical research supports a causal link or association between service in the Persian Gulf and a disease or specific cluster of symptoms, then those conditions should be subject to the conclusive presumption of service-connection.

Many of the problems faced by today's veterans of the Persian Gulf are not unlike those faced by Vietnam veterans attempting to have their maladies associated with exposure to Agent Orange. Sci-

entific studies were undertaken and reviewed concerning the association of herbicides and a wide range of symptoms and illnesses. Where a statistical probability is demonstrated between illness and Agent Orange exposure, the service-connection is presumed for those individuals serving in Vietnam where it was assumed that they were exposed to herbicides. We believe that the same principles could well be applied in the cases of those veterans exposed to toxic materials.

With the lessons learned in dealing with herbicides in Vietnam, PVA does not believe that service-connection should be granted unless a medically identifiable disability or condition exists. Service-connection should not be granted for vague symptoms alone. The studies proposed will hopefully provide the answers to the identification of these conditions in the same manner as was achieved with Agent Orange diseased individuals. At that time, compensation may be paid in accordance with the severity of the disease as dictated by VA's schedule for rating disabilities. For these reasons PVA concludes that actions on sections which would grant service-connection for undiagnosed disabilities be deferred.

PVA does not believe that any time limit should be placed on the payment of compensation benefits. Either a disease is service-connected or it is not service-connected. Service-connected diseases should continue to be compensated for as long as they produce functional or industrial impairment. If a disease or disability does not produce such impairment, then a noncompensable rate should be assigned.

The proposed 3-year limitation would do irreparable harm to the fundamental compensation of payment for those injuries and diseases of veterans incurred as a result of military service.

As Secretary Brown stated, we are moving into new uncharted territory, we are setting a historical precedent with this bill; it deserves very, very serious—as you have given it, very serious consideration. We certainly look forward to working with you.

That concludes my statement, Mr. Chairman.

[The prepared statement of Mr. Mank appears at p. 116.]

Mr. SLATTERY. Thank you, Mr. Mank.

Mr. Rhea.

STATEMENT OF LARRY D. RHEA

Mr. RHEA. Thank you, Mr. Chairman. Good morning to you and the members of the subcommittee.

The Non Commissioned Officers Association is honored again by your invitation to testify on the veterans Persian Gulf Benefits Act. We commend you, we commend the distinguished chairman of the House Veterans' Affairs Committee, the Honorable Sonny Montgomery, and indeed the association commends the entire Congress for its bipartisan efforts and the attention to the needs of Persian Gulf veterans and their families.

If one conclusion can be drawn at this point, that conclusion is, the momentum has been established, and whether it is H.R. 4386 with the concerns that the veterans' service organizations and that NCOA has addressed in our testimony, or whatever form or fashion, we are comforted and reassured that the needs of Persian Gulf

veterans will indeed be addressed in the right way, as Secretary Brown stated.

NCOA views this hearing and the legislation being considered along with those several recent actions and the attention of Congress as another step along the path toward a restoration of trust between veterans and their Government that orders them into harm's way.

I won't restate what has been stated here by other witnesses and certainly by other veterans' service organizations, Mr. Chairman, in the interest of time. We have indicated our support for H.R. 4386. We believe that it takes the moral high ground and it indeed is the right thing to do.

We have also stated some concerns relative to some of the time periods that have been discussed here earlier this morning. We would urge you to consider those concerns as you mark the bill.

One last point that I would make in my oral comments. It relates to the time frame on manifestation of the illnesses within 1 year, that is in the bill. I believe we have heard a 3-year period mentioned here that Mr. Evans—that you are talking about, and I think we heard Secretary Brown talk about a 2-year period, and as I recall his comments, he mentioned that it was 2 years from departure from active duty.

NCOA has stated a position in our prepared statement, but the other thought occurred to me, we have got to be mindful when we consider that, that we do not forget National Guard and Reserve people who might have left active duty, per se, but continue to serve in the military in their National Guard and Reserve units around the country.

So I am mentioning this to make sure that the final manner in which that language is crafted, that we not inadvertently exclude some of those folks, which I do not believe it would be the intention to do.

Again, Mr. Chairman, the NonCommissioned Officers Association thanks you for the hearing, which in our view has been very enlightening and informative this morning. We look forward to working with you in the formulation of your final legislation, and I would be pleased to answer any questions that you have.

[The prepared statement of Mr. Rhea appears at p. 118.]

Mr. SLATTERY. Thank you Mr. Rhea.

Mr. Wilkerson.

STATEMENT OF PHILIP R. WILKERSON

Mr. WILKERSON. Thank you very much, Mr. Chairman and members of the subcommittee. The American Legion appreciates this opportunity to share its views with you on H.R. 4386. We believe this legislation and this hearing are important starting points in meeting the needs of Persian Gulf War veterans.

Over the past 3 years we have become increasingly concerned by the fact that many Persian Gulf veterans continue to have serious medical problems which began during or shortly after their return from active duty in the Persian Gulf War. Thus far, the Federal Government has been unable to determine what happened to so many of these veterans to make them ill and to then provide them with needed medical treatment.

Some 20,000 veterans have participated in VA's Persian Gulf registry program. In addition, of the 1,834 Persian Gulf environmental claims adjudicated thus far, service-connection has been granted in only 310 cases; the fact that the specific etiology or cause of most of the symptoms being reported has not thus far been identified or defined is making it nearly impossible to establish service-connection or receive effective medical care.

We, therefore, wish to express our support for the concept of mandating by statute compensation to those veterans who are disabled as a result of service in the Persian Gulf War.

However, certain limitations and restrictions included in H.R. 4386, in our view, seriously undermine the intent of this proposal, and we believe that it will in its present form not meet the needs of these veterans.

We are especially disappointed by the fact that this legislation lacks a specific requirement for a well designed epidemiological study to determine the relationship, if any, between Persian Gulf service and any subsequent health problems. This type of study will be essential in helping define the appropriate health care issues for the purposes of establishing entitlement to benefits and the development of necessary medical treatment programs.

We have a number of other concerns with this measure which we have set forth in our written statement.

Mr. Chairman, in light of these concerns, we were pleased that yesterday Congressman Lane Evans introduced H.R. 4540 as an alternative to H.R. 4386 and would like to comment very briefly upon his proposal.

This measure would provide compensation to Persian Gulf veterans with disabilities of unknown etiology until such time as scientific evidence demonstrates that the disability is unrelated to Persian Gulf service. We believe this criteria is more consistent with the established concept of presumptive service-connection which underlies Title 38, United States Code, Sections 1112 and 1116, rather than placing an arbitrary time limit on the period of eligibility. This would also take into account the fact that presumptions can be amended or modified in light of subsequent medical or scientific knowledge about certain diseases. It proposes that VA be required to develop within 120 days of enactment a uniform case assessment protocol for treatment purposes and case definitions for claims purposes.

We were very pleased by the Secretary's statements this morning that VA would, in fact, be able to meet these limits if the legislation was enacted.

Service-connection would be granted for an undiagnosed illness or a combination of illnesses that become manifest within 3 years of separation from service rather than the last date of service in any particular geographic area. It requires that there must be a preponderance of evidence that a particular disability was not incurred in the Persian Gulf War or that there was an incurred injury or disease before VA could deny a claim for service-connection.

Rating guidelines for assessing the degree of disability are also provided, and one of the most important provisions of this legislation would be the requirement for an epidemiological study. This

proposal differs only slightly from the study recommendations included in our testimony.

There is also a requirement for VA to make an annual report to Congress on the progress and findings of this study. The bill would also authorize \$15 million over 3 years for additional health research on Persian Gulf veterans.

The American Legion believes that H.R. 4540 provides a positive and comprehensive approach towards meeting the health care and compensation needs of those who served during the Persian Gulf War.

In addition, Mr. Chairman, we are also pleased that in addition to Mr. Evans' proposal Mr. Kennedy introduced yesterday H.R. 4542 to improve VA's outreach efforts to Persian Gulf veterans and extend VA's authority to provide priority health care and marriage and family counseling to Persian Gulf veterans. We believe these provisions complement those of H.R. 4540.

That concludes our statement, Mr. Chairman, and we would be glad to respond to any questions you may have.

[The prepared statement of Mr. Wilkerson appears at p. 123.]

Mr. SLATTERY. Thank you, Mr. Wilkerson.

I had a question for Mr. Mank.

Mr. Mank, the PVA concludes that service-connection should not be granted unless a medically identifiable disability or condition exists and that service-connection should not be granted on vague symptoms alone.

The Medical Follow-Up Agency Institute of the Medical National Academy of Sciences testified that when a causal agent is not readily identifiable and the clinical data suggests multiple etiologies, it becomes difficult and imprudent to define a disease or syndrome.

Due to the scientific difficulties involved in identifying these vague symptoms or conditions, the necessity for long-term research, especially in light of the lessons learned from herbicide exposure in Vietnam, how can we not address these mystery ailments that our veterans suffer and not provide compensation?

I mean how can we ignore this, I guess is my question to you, Mr. Mank?

I understand what you said, but, you know, we have this problem, we have veterans that served in the Persian Gulf that are clearly suffering from some maladies that they acquired while serving there. We haven't been able to figure exactly what they are, and in the meantime they need our help, and I guess my question to you is, how do you reconcile this?

Mr. MANK. Mr. Chairman, as you know, the Paralyzed Veterans of America is an extraordinarily compassionate veterans' service organization.

Mr. SLATTERY. I know you are.

Mr. MANK. And certainly you know—

Mr. SLATTERY. And I appreciate your leadership in these issues in the past.

Mr. MANK (continuing). And the extent of our disabilities of our members.

I don't have a direct answer to your question, but what we are concerned about is the historical precedent that I think is being set here. If, in fact, this piece of legislation is passed and you do in fact

say that the members who served in the Persian Gulf should be compensated as service-connected disabled veterans, are we aware of the financial consequences of passing that legislation and what it may do monetarily to our Nation which has, for the last hundred years, been involved in a war every 20 years or less, and what we are doing as we open that "service-connection" door?

If everyone is aware of the historical and financial precedent we are setting, then I think PVA may be receptive to modifying its statement.

Mr. SLATTERY. I appreciate your comment, and I can assure you, Mr. Mank, that we are aware of the historical precedent that we are setting, and we do it with caution and with the full awareness that it is a major historic departure from the way we have dealt with these problems in the past, but we also do it with the firm belief that we don't want to treat the Persian Gulf veterans the way the Vietnam-era veterans were treated with respect to Agent Orange problems too, and that is the thing that we are trying to deal with here, so I appreciate your input.

Does the gentleman from Illinois have any questions?

Mr. EVANS. Yes, Mr. Chairman.

First, I want to thank Mr. Wilkerson for his help in helping us get this bill together. He was really a big help to us.

Mr. Rhea, you raise some interesting points about the Reservist and National Guardsmen and women that served in the Persian Gulf. If you could look at our bill and give us some suggestions on how we could improve it to make sure they are protected, we would be open to hear them.

Mr. RHEA. I would be happy to do that, Mr. Evans.

Mr. EVANS. Thank you.

Thank you, Mr. Chairman.

Mr. SLATTERY. Thank you all. I appreciate it, and I don't have any further questions. I don't think other members of the committee do either. So, again, we appreciate your testimony here today.

We look forward to working with you, and if you have any additional comments that you want to make to me as chairman of the subcommittee or other members of the committee, we welcome your input.

Again, as I have indicated, we would like to prepare for a mark-up at the subcommittee level within a couple of weeks and be ready to move this bill forward. So thank you again for being here today.

Mr. SLATTERY. The last panel of witnesses this morning are Mr. William Crandell, the legislative advocate for the Vietnam Veterans of America; Lt. Col. James Rodenberg, U.S. Air Force, retired, Legislative Counsel for the Reserve Officers Association; and Mr. Dennis Cullinan, Deputy Director of the National Legislative Service, Veterans of Foreign Wars.

Gentlemen, we welcome you all today, and we welcome your testimony, and I will start with Will Crandell.

STATEMENTS OF WILLIAM F. CRANDELL, LEGISLATIVE ADVOCATE, VIETNAM VETERANS OF AMERICA; LT. COL. JAMES C. RODENBERG, USAF (RET.), LEGISLATIVE COUNSEL, RESERVE OFFICERS ASSOCIATION; AND DENNIS M. CULLINAN, DEPUTY DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS

STATEMENT OF WILLIAM F. CRANDELL

Mr. CRANDELL. Thank you, Mr. Chairman.

We really appreciate this opportunity to discuss this legislation too. It is very important, and I want to say for VVA that we also will miss you next year. You have been unusually receptive to the views of the veterans' service organizations and even eager to ask us for advice, and we have really appreciated that.

Mr. SLATTERY. Thank you.

Mr. CRANDELL. We were heartened to see Congress take up the initiative put forth in H.R. 4386. The bill makes a number of useful contributions. But we feel it sets too few standards for the VA to meet. There are no outreach standards at all nor any deadlines for VA to meet in establishing case assessments or diagnostic standards.

H.R. 4386 requires that compensation be provided only to veterans who exhibited or reported the symptoms within a year of leaving the Gulf theater. That does not match the experience of the veterans with the Gulf-related health problems.

Worse, we think, is the compensation limit set at 3 years. There simply is no other case of term limits for service-connected disabilities, and we oppose creating them for Gulf War veterans. This is a radical provision. Unlike the rest of veterans benefit law, these time limits set up a narrow limitation of a single year in which the condition must both have occurred and been reported. No other disability requires that, and the bill compensates for only 3 years as if the condition must surely clear up 3 years after the benefit checks start. No other disability requires that. It makes no sense. Service-connection is service-connection.

H.R. 4540 introduced by Mr. Evans pays attention to the needs of afflicted Gulf veterans and to the legislative details needed to accomplish its aims. Its congressional findings are sharply accurate. Its goals are similar to those of H.R. 4386, but each of the four is right on the mark. It sets no time limit for compensation; it gives the VA deadlines for developing case assessment protocols and case definitions. It specifies that VA outreach efforts shall include a newsletter and a hotline, and it requires that an epidemiological study be done.

The most important section of H.R. 4540 is the section detailing compensation. The time period of 3 years for disabilities to manifest strikes the balance between prudence and allowing for the unknown.

In the end, I suppose you could make the changes from either bill. It seems to me that you will have, from the testimony and comments we have heard this morning, a lot fewer changes to make if you start with H.R. 4540. We urge you to adopt it.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Crandell appears at p. 135.]

Mr. SLATTERY. Thank you, Mr. Crandell.
Mr. Rodenberg.

STATEMENT OF LT. COL. JAMES C. RODENBERG

Colonel RODENBERG. Thank you, Mr. Chairman and members of the subcommittee.

On behalf of the many members of the Reserve Officers Association, I appreciate your providing this opportunity to comment on legislation which addresses the health and economic hardships suffered by persons who served in the Persian Gulf War.

There has been a perceived lack of positive and aggressive reaction to the Persian Gulf syndrome, as it is often called, on the part of the Department of Defense and the Department of Veterans' Affairs. The difficulty in diagnosing the disease or diseases from which the indistinguishable symptoms have exhibited and the inability to clearly identify a cause or causes have been met with caution and have contributed to a perceived lack of responsiveness. Failure to respond promptly and compassionately to the needs of those who sacrificed to serve in the defense of their country is inappropriate.

In addition to the moral obligation our country has to meet the needs of those who have served, there has to be a concern that callousness sends an unacceptable message to those who continue to serve or would serve in our Nation's uniforms. I believe there is a consensus that if we are to err, it should be on the side of those who have demonstrated their willingness to risk their lives and fortunes in serving their country.

A significant number of ROA members participated in the Desert Shield/Desert Storm. Soon after return from their service in the Persian Gulf, there were reports of maladies which could not easily be diagnosed and there were complaints that DOD and VA were not adequately addressing the needs of some of the individuals afflicted.

ROA anticipated that it would receive petitions for assistance from a significant number of affected members, but this has just not happened. In fact, gathering specific information on the health status of those who served in the Persian Gulf theater has been quite difficult.

Given the seriousness of the illness and the importance of its treatment and given how difficult it is to diagnose and to identify a cause, the Congress and specifically the members of this subcommittee are to be commended for the aggressiveness with which they have addressed the health problems associated with service in the Persian Gulf.

Public Laws 102-585 and 103-210 are both important measures in finding answers to health questions related to Southwest Asia and in meeting the needs of those afflicted.

The Veterans Persian Gulf War Benefits Act, H.R. 4386, which is being considered here today is clearly a recognition that not all veterans have received needed treatment and appropriate compensation as a result of illnesses contracted while serving in the Southwest Asia theater.

By presuming service-connection for chronic disabilities of 10 percent or more that resulted from undiagnosed illnesses and that

manifested themselves within 1 year of having served in the Persian Gulf theater, H.R. 4386 would provide needed assistance to numerous veterans who appear to have fallen through the cracks. We support the provisions of additional funding to conduct research into the causes and symptoms of maladies being suffered by numerous Gulf War veterans.

The bill provides some protection from abuse by specifying that service-connection would not be presumed if there were definitive evidence that the disability was not incurred during service in the Persian Gulf. There is a concern that the requirement that the illness be manifested within the first year may not allow sufficient time to include all those who are suffering from illness acquired while serving in Southwest Asia.

Given the paucity of reliable medical evidence, the difficulty in diagnosing maladies associated with service in Southwest Asia, and the inability to identify a cause, the interim authority this bill would provide does have great merit. ROA strongly believes that until the illness and its cause can be better identified, Persian Gulf War veterans deserve the benefit of any doubt.

Again, ROA is grateful for this opportunity to comment on this important issue and would be happy to answer any questions you might have.

Thank you.

[The prepared statement of Colonel Rodenberg appears at p. 142.]

Mr. SLATTERY. Thank you there, Mr. Rodenberg.

Mr. Cullinan.

STATEMENT OF DENNIS M. CULLINAN

Mr. CULLINAN. Thank you, Mr. Chairman.

On behalf of the 2.2 million men and women of the Veterans of Foreign Wars, I wish to thank you for inviting us to participate in today's hearing addressing legislation to provide compensation to veterans suffering from undiagnosed chronic disabilities due to their service in the Persian Gulf.

As you are aware, the VFW continues to be deeply concerned with and actively engaged in pursuing the provision of appropriate compensation and health care for sick and disabled Persian Gulf veterans. We therefore strongly support the legislation under discussion today, H.R. 4386.

Mr. Chairman, as you are also aware, the VFW is adamant that those who served in the Persian Gulf not suffer the same neglect and denial with respect to the Government's properly caring for their special service-connected disabilities as did their counterparts from the Vietnam War.

It is now a certainty that many veterans who served in the Persian Gulf are suffering from an array of problems and disabilities that are the result of their service in that war. Regardless of how many forms the Persian Gulf syndrome may assume or whether or not the exact cause is ever precisely determined, the VFW insists that this Nation honor its moral and statutory obligation to these combat service-disabled veterans. H.R. 4386 is an important step toward affording Persian Gulf veterans the care and compensation which is their due.

Having said that, Mr. Chairman, I would now briefly comment on a few of the VFW concerns which are similar to some of the others that have been expressed by some of the other VSO's here today even in light of the fact that it is a somewhat extraordinary step to provide compensation for undiagnosed disabilities, the VFW opposes a 1-year manifestation period on any disability. This flies in the face of historical record and certainly in light of the vagueness of the symptoms suffered by Persian Gulf vets. We think that there should be no limitation.

Similarly, we oppose the elimination or the 3-year cap on the provision of compensation to Persian Gulf veterans. Once again, it just would not be right to take compensation away from a veteran while the evidence which once associated it with his service is still just as strong.

The VFW supports the provision of outreach provided in this legislation. It has been our experience thus far that even the implementation of the Persian Gulf Health Care Registry, there are veterans—Persian Gulf veterans out there who still aren't aware of this, so outreach is a critical aspect of this legislation.

With respect to authorizing appropriations for research, we would ask that this committee work to ensure that such funds are in fact appropriated. There may be a strong temptation in these fiscally strained times to not follow through with appropriation, and we wouldn't want to see this particular program carried out to the detriment of other underfunded VA programs.

My last point I would make here, we notice that in the findings in H.R. 4386 there is no mention of exposure to chemical or biological agents in the form of warfare agents. Evidence would seem to be mounting that, in fact, Iraq did not employ such agents as weapons. Nonetheless, there are veterans out there who are convinced that such exposure to chemical warfare agents is at the root of their problems, and we think that they should be given the benefit of the doubt in this regard, and something that must be kept in mind.

I would make one other point. Given that H.R. 4386 will eventually be enacted into law, we would ask that the subcommittee, the committee, and, in fact, the entire Congress monitor its implementation. Once again, we are fearful that this particular bill may not be carried out in both spirit as well as letter, and we would ask for your attention in this regard.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Cullinan appears at p. 145.]

Mr. SLATTERY. Thank you, Mr. Cullinan.

I have no questions for the panelists. Perhaps the other gentlemen do.

Does the gentleman from Illinois have any questions?

Mr. EVANS. One question, Mr. Chairman. Thank you.

Mr. SLATTERY. Okay.

Mr. EVANS. I understand the chairman's legislation wouldn't allow independent medical experts, many of whom have been visited by Persian Gulf veterans because they have not received help from the Veterans' Administration medical centers or allow veterans testimony in establishing claims, and this is, as Dennis is talk-

ing about, the potential of chemical or biological agents being used, particularly important in developing a claim.

Would you think that would be necessary—I am going to ask the entire panel—to allow independent medical evidence and veterans' testimony in establishing a claim?

Mr. CULLINAN. The VFW certainly feels that they should be part of the evidentiary package. You wouldn't want to preclude this kind of thing. The Secretary indicated earlier that it would, in fact, be allowed. But it is an important thing, yes.

Mr. CRANDELL. We specified it in our testimony. We feel that it really needs to be given that kind of weight in legislation. Our experience with Agent Orange and with veterans with the ionizing health problems is that it is too easy—it is so difficult to establish these cases that unless you specify that this kind of testimony is valid for it, it is very hard for the VA to hear it.

Colonel RODENBERG. I was very satisfied with the Secretary's response to this. I don't think it is absolutely necessary, but certainly it should not be precluded.

Mr. EVANS. We will be following the unfolding and implementation of this legislation very closely. So we thank you all, and I want to thank VVA in particular for helping us to develop the bill and your work, Bill, in terms of developing the legislation.

Thank you, Mr. Chairman.

Mr. SLATTERY. I thank the gentleman from Illinois for all of his input in this bill and appreciate the leadership you have provided and look forward to working with you as we move forward with the subcommittee markup, and I also appreciate the testimony of the panelists here today, and I know several of you and other panelists have been actively involved in providing us with input. We all appreciate that, and we welcome it.

We are going to need further advice and counsel as we try to fashion a bill for final markup from the subcommittee that we can hopefully move quickly through the full committee and on to the Floor for action. So I appreciate your input.

I recognize the gentleman from Texas, Mr. Edwards, if he has any comments or questions.

Mr. EDWARDS of Texas. No, thank you.

Mr. SLATTERY. It is good to have you here today, Chet, and we appreciate your interest in this legislation too.

As we conclude here today, I can only do so by again observing that I believe this is historically significant legislation in that we have never done something like this before, and I think that we are responding to a very real problem for literally thousands of veterans in this country that served our Nation bravely in the Persian Gulf War, and I think this is the least that we can do, and I think it is indicative of this committee's commitment to our Nation's veterans, and I think it is indicative of the administrations commitment to making sure that the Persian Gulf veterans get the disability compensation that they are entitled to notwithstanding the fact that we can't come up with a very specific diagnosis of a lot of these mysterious illnesses that they are currently suffering from.

So again, thank you all, and I appreciate the testimony that we have here today from all the panelists, and this committee now is adjourned.

[Whereupon, at 12:34 p.m., the subcommittee was adjourned.]

APPENDIX

I

103^D CONGRESS
2^D SESSION

H. R. 4386

To amend title 38, United States Code, authorizing the Secretary of Veterans Affairs to provide compensation to veterans suffering from disabilities resulting from illnesses attributed to service in the Persian Gulf theater of operations during the Persian Gulf War, to provide for increased research into illnesses reported by Persian Gulf War veterans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 11, 1994

Mr. MONTGOMERY (for himself, Mr. SLATTERY, Mr. ROWLAND, Mr. BILIRAKIS, Mr. KENNEDY, Mr. CLEMENT, Mr. STEARNS, and Mr. BISHOP) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, authorizing the Secretary of Veterans Affairs to provide compensation to veterans suffering from disabilities resulting from illnesses attributed to service in the Persian Gulf theater of operations during the Persian Gulf War, to provide for increased research into illnesses reported by Persian Gulf War veterans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Veterans’ Persian Gulf
3 War Benefits Act”.

4 **SEC. 2. CONGRESSIONAL FINDINGS.**

5 The Congress makes the following findings:

6 (1) During the Persian Gulf War, members of
7 the Armed Forces were exposed to numerous poten-
8 tially toxic substances, including fumes and smoke
9 from military operations, oil well fires, diesel ex-
10 haust, paints, pesticides, depleted uranium, infec-
11 tious agents, chemoprophylactic agents, and indige-
12 nous diseases, and were also given multiple immuni-
13 zations. Threats of enemy use of chemical and bio-
14 logical warfare heightened the psychological stress
15 associated with the military operation.

16 (2) Significant numbers of veterans of the Per-
17 sian Gulf War are suffering from illnesses, or are ex-
18 hibiting symptoms of illness, that cannot now be di-
19 agnosed or clearly defined. As a result, many of
20 these conditions or illnesses are not considered to be
21 service connected under current law for purposes of
22 benefits administered by the Department of Veter-
23 ans Affairs.

24 (3) Scientists have concluded that the complex
25 biological, chemical, physical, and psychological envi-
26 ronment of the Southwest Asia theater of operations

1 produced complex adverse health effects in Persian
2 Gulf War veterans and that it appears that no single
3 disease entity or syndrome exists. Rather, it appears
4 that the illnesses suffered by those veterans result
5 from multiple illnesses with overlapping symptoms
6 and causes that have yet to be defined.

7 (4) In response to concerns regarding the
8 health-care needs of Persian Gulf War veterans, par-
9 ticularly those who suffer from illnesses or condi-
10 tions for which no diagnosis has been made, the
11 Congress, in Public Law 102-585, directed the es-
12 tablishment of a Persian Gulf War Veterans Health
13 Registry, authorized health examinations for veter-
14 ans of the Persian Gulf War, and provided for the
15 National Academy of Sciences to conduct a com-
16 prehensive review and assessment of information re-
17 garding the health consequences of military service
18 in the Persian Gulf theater of operations and to de-
19 velop recommendations on avenues for research re-
20 garding such health consequences. In Public Law
21 103-210, the Congress authorized the Department
22 of Veterans Affairs to provide health care services on
23 a priority basis to Persian Gulf War veterans. The
24 Congress also provided in Public Law 103-160 (the
25 National Defense Authorization Act for Fiscal Year

1 1994) for funding for the establishment of a special-
2 ized environmental medical facility for the conduct
3 of research into the possible health effects of expo-
4 sure to low levels of hazardous chemicals especially
5 among Persian Gulf veterans and for research into
6 the possible health effects of battlefield exposure in
7 such veterans to depleted uranium.

8 (5) Further research and studies must be un-
9 dertaken to determine the underlying causes of the
10 illnesses suffered by Persian Gulf War veterans and,
11 pending the outcome of such research, veterans who
12 are seriously ill as the result of such illnesses should
13 be provided compensation benefits to offset the im-
14 pairment in earnings capacities they may be experi-
15 encing.

16 **SEC. 3. PURPOSES.**

17 The purposes of this Act are—

18 (1) to authorize the Secretary of Veterans Af-
19 fairs to provide compensation for a period not to ex-
20 ceed 3 years to Persian Gulf War veterans who suf-
21 fer disabilities resulting from illnesses that cannot
22 now be diagnosed or defined, and for which other
23 causes cannot be identified,

24 (2) to require the Secretary of Veterans Affairs
25 to develop at the earliest possible date case assess-

1 ment strategies and definitions or diagnoses of such
2 illnesses,

3 (3) to promote greater outreach to Persian Gulf
4 War veterans and their families to inform them of
5 the services and benefits to which they are currently
6 entitled, and

7 (4) to ensure that research activities and ac-
8 companying surveys of Persian Gulf War veterans
9 are appropriately funded and undertaken by the De-
10 partment of Veterans Affairs.

11 **SEC. 4. DEVELOPMENT OF CASE ASSESSMENT PROTOCOL,**
12 **CASE DEFINITION, AND OUTREACH PRO-**
13 **GRAM FOR PERSIAN GULF WAR VETERANS.**

14 The Secretary of Veterans Affairs, in consultation
15 with the Secretary of Defense and the Secretary of Health
16 and Human Services, shall—

17 (1) develop and implement at the earliest pos-
18 sible date a uniform case assessment protocol that
19 will ensure thorough assessment, diagnosis, and
20 treatment of all Persian Gulf War veterans suffering
21 from illness attributed to service in the Southwest
22 Asia theater of operations during the Persian Gulf
23 War;

24 (2) expedite efforts to develop case definitions
25 or diagnoses for illnesses associated with such serv-

1 ice and seek to complete development of such case
2 definitions or diagnoses at the earliest possible date;
3 and

4 (3) develop and implement a comprehensive
5 outreach program to inform Persian Gulf War veter-
6 ans and their families of health-care services, includ-
7 ing comprehensive medical evaluations for such vet-
8 erans, or other benefits or services that may be pro-
9 vided by the Department of Veterans Affairs or the
10 Department of Defense.

11 **SEC. 5. COMPENSATION BENEFITS FOR DISABILITY RE-**
12 **SULTING FROM ILLNESS ATTRIBUTED TO**
13 **SERVICE DURING THE PERSIAN GULF WAR.**

14 (a) IN GENERAL.—(1) Chapter 11 of title 38, United
15 States Code, is amended by adding at the end of sub-
16 chapter I the following new section:

17 **“§ 1117. Compensation for disabilities associated**
18 **with Persian Gulf War**

19 “(a) The Secretary shall pay compensation under this
20 subchapter to a Persian Gulf veteran suffering from a
21 chronic disability resulting from an undiagnosed illness (or
22 combination of undiagnosed illnesses) that became mani-
23 fest to a degree of 10 percent or more within one year
24 after the last date on which the veteran performed active

1 military, naval, or air service in the Southwest Asia thea-
2 ter of operations while on active duty.

3 “(b) A disability for which compensation under this
4 subchapter is payable shall be considered to be service con-
5 needed for purposes of all other laws of the United States.

6 “(c) Compensation may not be paid under this sec-
7 tion with respect to a disability occurring in a veteran—

8 “(1) where there is affirmative evidence that
9 the disability was not incurred by the veteran during
10 service in the Persian Gulf theater of operations
11 during the Persian Gulf War; or

12 “(2) where there is affirmative evidence to es-
13 tablish that an intercurrent injury or illness which is
14 a recognized cause of the disability was suffered by
15 the veteran between the date of the veteran’s most
16 recent departure from that theater of operations
17 while on active duty and the onset of the disability.

18 “(d) The Secretary may not make payments under
19 this section with respect to a disability for which com-
20 pensation is paid under this section for any month after
21 the month during which the Secretary determines that
22 such disability is not related to service in the Southwest
23 Asia theater of operations during the Persian Gulf War.

24 “(e) For purposes of this section, the term ‘Persian
25 Gulf veteran’ means a veteran who served on active duty

1 in the Armed Forces in the Southwest Asia theater of op-
2 erations during the period beginning on August 2, 1990,
3 and ending on the date of the enactment of this section.

4 “(f) No payment may be made under this section for
5 any month that begins after the end of the three-year pe-
6 riod beginning on the date of the enactment of this sec-
7 tion.”.

8 (2) The table of sections at the beginning of such
9 chapter is amended by inserting after the item relating
10 to section 1116 the following new item:

“1117. Presumption of service connection for illnesses associated with Persian
Gulf War.”.

11 (b) EFFECTIVE DATE.—Section 1117 of title 38,
12 United States Code, as added by subsection (a), shall take
13 effect on October 1, 1994.

14 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS FOR PER-**
15 **SIAN GULF ILLNESS RESEARCH.**

16 There is authorized to be appropriated to the Depart-
17 ment of Veterans Affairs \$5,000,000 for each of fiscal
18 years 1995 through 1997 for the conduct of research,
19 which the Secretary, in consultation with the Secretary of
20 Defense and the Secretary of Health and Human Services,
21 determines would advance understanding of health risks
22 and effects of service during the Persian Gulf War and
23 effective means of treating such health effects.

1 **SEC. 7. SURVEY OF PERSIAN GULF VETERANS.**

2 (a) IN GENERAL.—There is authorized to be appro-
3 priated to the Department of Veterans Affairs \$5,000,000
4 for fiscal year 1995 for the conduct of a survey of Persian
5 Gulf veterans to gather information on the incidence and
6 nature of health problems occurring in Persian Gulf veter-
7 ans and their families.

8 (b) COORDINATION WITH DEPARTMENT OF DE-
9 FENSE.—The survey shall be carried out in coordination
10 with the Secretary of Defense.

11 (c) PERSIAN GULF VETERAN.—For purposes of this
12 section, a Persian Gulf veteran is an individual who served
13 on active duty in the Armed Forces in the Southwest Asia
14 theater of operations during the Persian Gulf War as de-
15 fined in section 101(33) of title 38, United States Code.

○

OPENING STATEMENT

before

House Veterans Compensation, Pension & Insurance Subcommittee

REPTERRY EVERETT

JUNE 9, 1994

Mr. Chairman, I thank you and the distinguished ranking member, Mr. Bilirakis, for your continued efforts on this important matter of national interest, and in so recognizing the needs of our accomplished Persian Gulf Veterans.

I continue to applaud the initiative of this committee to move forward as expeditiously as possible, to get to the bottom of the Persian Gulf Syndrome. I hope that today's testimony will continue to propel us in the direction that will move us closer to satisfactorily meeting the needs of all veterans involved.

As I have mentioned in the past, there is no doubt that our veteran population is in need. The question is, however, to what extent or in what direction do we go to achieve a workable solution to this formidable problem.

I wish to welcome all of our witnesses this morning and appreciate your being here.

Your input will certainly prove to be helpful in this ongoing process and we look forward to your testimony.

Thank you again, Mr. Chairman, for your leadership on this matter.

HONORABLE G.V. "SONNY" MONTGOMERY
H.R. 4386
BEFORE THE SUBCOMMITTEE ON COMPENSATION,
PENSION AND INSURANCE
JUNE 9, 1994

Mr. Chairman, I want to commend you for your swift action in holding a hearing on H.R. 4386, which I introduced on May 11th, cosponsored by you and several of our colleagues. I hope you will report the bill to the full committee in the near future so we can work with the Senate to get it to the President.

H.R. 4386 would require the Secretary of Veterans Affairs to pay compensation benefits to Persian Gulf veterans who have chronic disabilities resulting from undiagnosed illnesses. Under current law, it is difficult, if not impossible, for many of these veterans who are disabled by undiagnosed illnesses to become eligible for disability compensation.

Veterans whose illnesses are diagnosed are eligible for compensation. The law provides benefits for them. I think we have to provide for Persian Gulf veterans who are suffering from undiagnosed illnesses, who are unable to work and take care of their families, until we determine what they are suffering from.

Under the bill as introduced, compensation could be paid for a period of three years. It is my hope that within that time period the medical questions will be answered. If not, however, I believe the Congress will act to extend the three-year life of this legislation.

Research into the causes of these illnesses is being done and will expand. But we cannot always wait on research. Our experience with ionizing radiation and Agent Orange showed us that the answers can be slow coming, even years. And while we wait, severe medical problems are preventing some Persian Gulf veterans from working and supporting their families. They need our help now.

The testimony of veterans and government officials at our hearings, as well as VA's experience in examining and treating thousands of Gulf veterans, has led me to conclude that providing

compensation is the right thing to do. These seriously ill veterans deserve the benefit of the doubt.

But, we cannot simply begin paying compensation and drop our research efforts. These efforts must continue. Therefore, the measure also authorizes new appropriations for the conduct of research into the health risks and effects of service during the Persian Gulf War, and funding for a survey of Persian Gulf War veterans to gather information on the health problems they might be experiencing. It also directs the Secretary to work with his counterparts at DoD and HHS to develop, at the earliest possible time, case definitions and case assessment protocols.

Last year, we granted health care to Persian Gulf veterans. This bill is the next step. It will provide compensation to them NOW, even though the medical community has yet to agree on what these illnesses are.

Mr. Chairman, I was privileged to lead a 27-Member Congressional Delegation to Normandy for the 50th Anniversary of D-Day. It included Bob Michel who landed at Utah Beach on D-Day Plus 4 and many other Members who fought in Europe and the Far East during World War II. I had the opportunity to talk to many of the old soldiers who were there that day. This trip brought home for me that we must never forget those sent to war, and I've returned with an even stronger conviction that we need to take care of those who served in battle.

I'm proud of our Persian Gulf veterans and urge the subcommittee to act favorably on H.R. 4386.

JACK KINGSTON
1st District, Georgia

1229 Longworth Building
Washington, DC 20515
(202) 225-5831

Committee on Agriculture

Committee on Merchant
Marine & Fisheries



Congress of the United States
House of Representatives

June 9, 1994

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Honorable Jim Slattery
Chairman, Subcommittee on
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335 Cannon Office Building
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Dear Mr. Chairman:

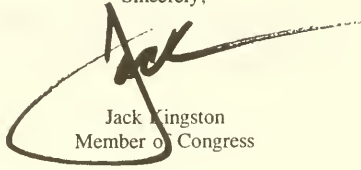
On behalf of all veterans of the Persian Gulf War, please accept my gratitude for the prompt response which the Subcommittee has shown by holding a hearing today, so shortly after the introduction of H.R. 4386. Because of the importance of this legislation to affected veterans and their families, I am hopeful this legislation will receive expeditious action. I look forward to the bill being reported to the House Floor for a vote as soon as possible.

Many citizens who presently reside in the First Congressional District of Georgia participated in the preparation for, the implementation of, and the follow-up military operations associated with Operation Desert Storm in 1990 - 91. Several of them are now suffering from symptoms which are associated with an illness commonly referred to as Gulf War Syndrome. These veterans are seeing their health deteriorate and their personal and professional lives suffer, with no significant financial assistance being made available through the Department of Veterans' Affairs.

H.R. 4386 will be a significant step by the U.S. Government toward addressing the problems of these veterans and their families. I am confident the witnesses before the Subcommittee today will present compelling testimony as to the importance of this type of support for those with these symptoms. In addition to the information which the scheduled witnesses will provide, I wish to share with you the written statement of Geoffrey Setser, a Savannah resident and Gulf War veteran who suffers from several of the syndrome symptoms. I urge the Subcommittee members to take Mr. Setser's comments into consideration prior to your mark up of H.R. 4386, with particular attention to the extension of the present 12 month eligibility period provision.

Again, on behalf of the veterans of the First District, I commend you and the Subcommittee members for your timely attention to this issue and I look forward to expeditious consideration of this bill.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jack", is written over the printed name. A large, loopy circular flourish is drawn around the signature and the printed name below it.

Jack Kingston
Member of Congress

Enclosure

Geoffrey P. Setser's
written testimony
to the
Subcommittee of Compensation,
Pensions and Insurance
concerning H.R. 4386
on 9 June 1994

Mr. Chairman, my name is Geoffrey Setser and I would like to thank you for allowing me to submit this written testimony concerning H.R. 4386, the Veterans' Persian Gulf War Benefits Act. Your concern about the Gulf War veterans who are suffering from unknown illnesses that can not be diagnosed or clearly defined at this time, commonly known as Gulf War Syndrome (GWS), is clearly shown by your willingness to consider meaningful legislation to provide compensation to the individuals and money for research. These are two key areas that must be addressed in order to properly fulfill the nation's obligation to provide the veterans with the immediate and long-term care that they need and deserve.

Personal History

I am a Gulf War veteran who deployed to Saudi Arabia in late August 1990 as an aircraft electrician (68F) with the 24th Avn Bde, 24th Inf Div. I returned with my unit to Hunter Army Airfield in Savannah, Georgia on 27 March 1991. While deployed, I had no chronic health problems and suffered few acute problems. Other than exhibiting some mild to moderate side effects of the nerve agent prophylactic (pyridostigmine bromide), which seemed to be temporary, I was not ill during my deployment. I returned to my duties as an active duty soldier after a brief leave and still exhibited no illness or strange symptoms. After careful consideration, I decided to take the SSB program and leave the military instead of re-enlisting and separated from the service with an honorable discharge on May 28th, 1992. I had already secured employment and went to work for the Lockheed Corporation the very next day. My duties there were very similar to those I had in the Army (installing and repairing the electrical systems

and components in military rotor wing aircraft). Specifically, I was involved in the STIR (Special Technical Inspection and Repair) program that repaired and restored aircraft flown in the Gulf War.

In September 1992, I became ill with severe breathing problems and chronic fatigue preventing me from working for about two and a half months. I did not immediately attribute the illness to my service in the Gulf but did have the Gulf Registry Examination and submitted a claim to the VA on the advice of the local VA representative. After returning to work, I thought that my strange illness was behind me, but in February of 1993 (only four months later) I became ill with the same symptoms and have not been able to return to work since. Instead of getting better, my condition worsened and I became completely disabled. My symptoms include chronic fatigue, breathing problems, mental confusion, short-term memory loss, rashes, constant infections, headaches, swelling of the face, changing allergies to foods and inhalants, and temporary paralysis. Since no direct link between the illness and my service in the Gulf War has been established, the VA has denied all my claims for disability.

The effects of this disease have been devastating to my family and myself: medically, emotionally, and financially. Since this legislation primarily addresses the financial impact of the disease on Gulf War veterans, I will limit my comments to that subject. I have lost my job and health care for my family and myself. Our moderate savings were quickly depleted, and we have gone heavily into debt in order to meet our financial obligations and pay for medical care that has not been available through the VA. We are several months behind with our mortgage payments and may well lose the house if compensation is not received in the near future. If it were not for the generosity of our families, we would have gone completely under months ago. They have provided money to feed, clothe and house us, as well as, paying for some medical bills and

transportation to and from the various medical establishments. Because our families have moderate incomes, their financial resources are not without end. They are unable to make our house payments any longer and have seriously depleted their savings accounts to help us. We are lucky to have families who have been able and willing to make these sacrifices. Many Gulf War veterans are not so lucky and have already filed for bankruptcy, lost everything, moved in with family and friends or have become totally dependent on the welfare system. Without immediate, well-written legislation enabling the VA to provide effective compensation to GWS affected vets, we will end up in financial ruin while waiting for the medical and scientific communities to research, define and diagnose this illness. In fact, those of us fortunate enough not to have lethal complications can live with the illness for a time, but we can not survive without an income any longer.

Discussion of H.R. 4386 as proposed

While H.R. 4386 has the right intentions and goes a long way in addressing the financial needs of the ill veterans, some modifications to the bill are necessary to insure that it provides compensation to all the veterans who suffer from GWS and that the research money is used in the most effective manner. There are four specific areas that I believe require your scrutiny. Please consider them when finalizing this bill for it's introduction to the whole committee and the floor.

1. H.R. 4386 limits compensation to those individuals who exhibited symptoms within 12 months of leaving the Southwest Asia theater of operations. While medical authorities are able to make statements about the length of time it takes for a known disease or injury to present itself, they are not able to do so in this case. . Many individuals have symptoms that did not become apparent during the twelve month time limit stated in the bill. There are too many

unknowns to be able to draw a conclusion on the amount of time it takes for a veteran to become ill. If this limit is not changed, many sick Gulf War veterans, to include myself, will fall outside this artificial limitation and would be ineligible for the desperately needed compensation. I do not pretend to know what a more reasonable time limit should be. I suggest that no one is able to make that determination with the available information and, therefore, the time limit should be disposed of. An appropriate time restriction can be imposed when more is learned about the cause and progression of this unknown and undiagnosed illness.

2. The bill does not address the issue of any back pay. Gulf War veterans who have been suffering from GWS have been out of work for long periods of time and are unemployable because of their physical condition. They have accumulated large debts. Most are behind in house payments, car payments, and have borrowed money to pay for necessities for themselves and their families. These debts will not disappear when the monthly compensation checks start to come in. The disability check will not be enough to allow the veterans to catch up on overdue bills. Interest payments, late charges, etc., are causing the veterans to fall further and further behind financially. Veterans who had excellent credit histories have seen their credit destroyed. Unless they have some way of paying their debts incurred while disabled, their financial situation will continue to worsen. The final bill must include a provision that will allow the veteran to receive compensation starting at the beginning of his illness or to the time separated from service, if a claim was made within twelve (12) months of separation. Veterans must be compensated for the actual time they have been sick in order to be able to meet the financial obligations that were incurred due to their illness.

3. H.R. 4386 provides compensation for a three year period in hopes that the cause of the symptoms and service connection can be

identified within that time. Everyone concerned is very hopeful that this will be the case. Since it has already been three years since the end of the war and these questions have not been answered, there is a possibility that they may not be adequately answered within this time frame. Provisions should be included that address what will happen if service connection and a readily identifiable cause can not be found within the three year period. Veterans should not experience a loss or delay of compensation if the medical and scientific communities are unable to find the answers within the stated period.

4. I have no expertise in medical research, so I can only trust that the 5 million dollars allocated to research is an appropriate amount. It does not take an expert to see that the VA and DoD had not been very aggressive in determining that any medical problems existed let alone in searching for a solution. Congress had already given the DoD money to research the problem and they did not spend it. I believe that an independent committee should be created to disperse the research funds to insure that appropriate research is being funded and that the available money is actually given. The money should be made available to both government and private research facilities.

Conclusions

Congress has already come to the realization that even though there is no identifiable service connection, these veterans are ill because of their service in the Gulf, that they require immediate medical attention and that research is clearly called for. Now it is time to address the financial problems that the veterans find themselves in and the monetary compensation due them. Life goes on for us, even though we are sick and unable to support ourselves. Our children still need clothes, our families must be fed and we need a roof over our heads. Without any income, our lives quickly

deteriorate. We go further and further into debt along with our extended families who are filling the gap that the lack of compensation has left. Without your intervention, this cycle will come to an inevitable and terrible conclusion. Families of the sick veterans can not continue to support us until an effective treatment can be found. We will all find ourselves without homes, food, clothing, and other necessities of life. I believe the citizens of this country do not want to see their war veterans become dependent on welfare or another addition to the homeless population. They understand that there is a commitment to the soldier when he is asked to serve and do not want to see our country default on it.

The Chairman and Committee members, as well as, the Congressmen who have co-sponsored this bill are to be commended for recognizing the need for compensation to Gulf War veterans who are suffering from this unknown illness. Only through your leadership will these veterans receive the financial and medical help that they deserve. H.R. 4386, as written, goes a long way to meet the needs of the sick veterans. With some minor changes, it promises to be a bill that will help the thousands of veterans who became ill while serving their country in a combat environment.

Recommendations

1. In order to include help for as many sick veterans as possible, the restriction that the illness must have manifested itself within twelve months of leaving the Southwest Asia theater of operations should be eliminated. Once more is known about the cause of the illness, a limit can be determined.
2. A method of determining and paying back compensation must be included to properly compensate the individuals for the time they have been ill and disabled.

3. A clearer definition of what will happen at the end of the three years that this bill would now cover if a cause has not been determined is needed to insure there is no loss or delay in compensation to the veteran.

4. An independent commission be created to approve and distribute funds for research to be done by both government and private research facilities.

5. In future hearings concerning the Gulf War veterans, the committee invite individual veterans as well as veterans organizations to testify in person. While the veterans organizations have knowledge of the issue and their testimony is no doubt helpful, the veterans are able to provide you with an insight that no organization will be able to. Since your objective is to help the veterans, it is imperative that you hear directly from them on how your legislation will affect them as an individual.

Personal Note

I wish to thank the committee for considering my written testimony when refining this important legislation. I also want to thank my representative, Congressman Jack Kingston, for facilitating the submission of this testimony. If there are any questions that you have of me concerning my testimony please feel free to contact me at any time.

STATEMENT OF
JESSE BROWN
SECRETARY OF VETERANS AFFAIRS
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
HOUSE OF REPRESENTATIVES
June 9, 1994

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to present the views of the Department of Veterans Affairs (VA) on H.R. 4386, the "Veterans' Persian Gulf War Benefits Act," which would authorize the Secretary of Veterans Affairs to provide compensation on a presumptive basis to certain Gulf war veterans for a period of three years and provide for increased research into illnesses reported by Persian Gulf veterans.

Mr. Chairman, I applaud the leadership you and others have shown regarding the issue of compensation for disabled Persian Gulf veterans, and I am pleased to provide this testimony in support of H.R. 4386 with certain revisions. As introduced, the sections of the bill to be implemented by VA begin with section 4.

2.

Section 4 - Case Assessment Protocol, Case Definition & Outreach Program

Section 4 of the bill would direct the Secretary to undertake three separate efforts with respect to the illnesses we are discussing today. Each effort must be accomplished in consultation with the Secretary of Defense and the Secretary of Health and Human Services.

First, the Secretary would have to establish a uniform case assessment protocol to ensure thorough assessment, diagnosis, and treatment of all veterans suffering from illnesses they attribute to their service in the Persian Gulf War. We support this provision. Indeed, we are already working jointly with the Departments of Defense and Health and Human Services to develop such a protocol.

As a second task, the bill would require the Department to expedite efforts to develop complete case definitions or diagnoses of illnesses associated with such service. We can assure you that every effort will be made to do this as soon as possible.

Finally, the bill would require that we establish a new outreach program for Persian Gulf veterans and their families. This effort would seek to inform these veterans and family members of the availability of health-care

3.

services (including comprehensive medical evaluations) and other benefits provided by either VA or the Department of Defense.

In order to carry out this provision, VA would have to reallocate current resources in the health care system to cover the costs associated with these new responsibilities. This bill would extend the previous mandate for clinical services by requiring a uniform case assessment protocol and provision of comprehensive follow-up care for Persian Gulf veterans receiving disability compensation. Therefore, enactment of section 4 would result in estimated annual costs of \$42.6 million and nonrecurring costs of \$1.6 million in order to provide full-time program staff to carry out its requirements. The 14 VA medical centers which we estimate will be most affected based upon their previous Persian Gulf Registry caseload would each require 5 additional full-time employee equivalents (FTEE) to fully implement comprehensive assessment and follow-up of these veterans. Medical centers with smaller case loads would require fewer FTEEs, ranging from 1.0 to 4.0 based on previous Registry caseloads.

4.

Section 5 - Disability Compensation

Section 5 of H.R. 4386 would create a presumption of service connection for chronic disabilities that resulted from undiagnosed illness and became manifest to a degree of 10% or more within one year after a veteran performed active duty in the Southwest Asia theater of operations. The bill specifies that service connection would not be presumed if there were affirmative evidence either that the disability was not incurred during service in the Persian Gulf theater or that the veteran suffered an injury or illness which is a recognized cause of the disability after leaving the Gulf theater. This authority to provide benefits would expire three years after its enactment, and in individual cases sooner if it were determined a disability were not related to Persian Gulf service.

There is no question but that certain Persian Gulf veterans are, through no fault of their own, at a disadvantage in establishing eligibility for service-connected-disability benefits because of the current lack of hard medical evidence concerning the nature of their ailments. Unless we can attribute their disabilities to service-incurred or service-aggravated diseases or injuries, we are without authority to assign them service-connected status. Given the dearth of medical evidence that can now be brought to bear in reviewing these claims, the interim

5.

authority this bill would provide until the concerted efforts of the Government provide answers to these medical questions has great merit.

However, we are concerned about the requirement that the chronic disability become manifest within one year after the last date on which the veteran performed active service in the Southwest Asia theater. We know that some Persian Gulf veterans did not seek medical attention when they first noticed symptoms following their return to the United States. Many have reported that their symptoms were initially mild but got progressively worse before they contacted a physician. In addition, because of the relative youth of the Persian Gulf forces, some veterans were unconcerned about their initial symptoms and did not seek medical attention, assuming that their health would improve in the near future. Also, some veterans could not afford medical care because they were unable to find employment when they returned from the Gulf or they returned to marginal employment which did not provide health insurance. Finally, some have indicated that as members of the active military service they were reluctant to report symptoms for fear of being discharged.

These factors would all make it difficult for many Gulf veterans to make the requisite showing of disability during their first post-Gulf year. We are also concerned about the

6.

one-year limitation because VA did not implement a comprehensive data-collection process regarding the health of Persian Gulf veterans until August 1992, and the Persian Gulf Registry, which offers veterans an opportunity to have their health statuses documented on the basis of comprehensive medical examinations, was not authorized until November 4, 1992, when the Persian Gulf War Veterans' Health Status Act was enacted. Veterans who were unable to take advantage of this program within a year after leaving the Gulf theater of operations would not have any registry-generated clinical documentation of their conditions within the time frame required by the bill as introduced.

Based upon our initial review of the medical histories provided by Persian Gulf veterans which indicate that many veterans reported their symptoms within one to two years after Gulf service, we would recommend that the presumption apply to an undiagnosed illness of unknown etiology which became chronically disabling to a degree of 10% within two years after Gulf service. We believe this two-year period would more likely guarantee inclusion of those veterans whom the legislation is intended to benefit.

Mr. Chairman, we appreciate the opportunity to support this legislative initiative to help our Persian Gulf veterans. We will be prepared to reach out to the veterans who may benefit from this bill, including both those who

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have filed claims with VA and those who have come to VA for Persian Gulf registry examinations. In addition, the Administration will do everything possible to expedite the process for promulgating the implementing regulations in order to provide compensation as quickly as possible.

Enactment of section 5 would result in estimated benefit costs of at least \$45.5 million, but very likely much higher. The \$45.5 million estimate is based on a sampling of documented cases currently available in VA's Persian Gulf Registry. VA's Registry currently contains information on 23,000 cases; however, over 300,000 veterans served in the Persian Gulf. These costs are subject to the pay-as-you-go requirement of the Omnibus Budget Reconciliation Act of 1990 and must be offset by equivalent savings in order to avoid a sequester of mandatory programs. We would be pleased to work with the Committee in identifying appropriate offsets.

Sections 6 and 7 - Authorization for Research & Survey

Section 6 of the bill would authorize the appropriation of \$5 million for fiscal years 1995 through 1997 to fund VA research on the health risks and effects associated with service during the Persian Gulf War, and effective treatment modalities for such effects. Section 7 would authorize the appropriation of \$5 million for Fiscal Year 1995 to fund a

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survey of Persian Gulf veterans in order to learn about the health problems of these veterans and their families, which would carry out a recommendation made by an NIH Workshop on Persian Gulf Health and Experience. We support the goals of these provisions, but believe that they can be accomplished within existing Federal resources.

This concludes my statement, Mr. Chairman. I would be pleased to answer any questions that you or other members of the Subcommittee may have.

TESTIMONY OF JEANNE B. FITES
DEPUTY ASSISTANT SECRETARY OF DEFENSE
(REQUIREMENTS AND RESOURCES)

Mr. Chairman and Members of the Committee,

I am pleased to be here today to provide information on efforts of the Department of Defense to address health issues associated with service in the Persian Gulf War. Secretary Perry has asked Dr. Edwin Dorn, the Under Secretary of Defense for Personnel and Readiness, to be the focal point within DoD for all issues related to service in the Persian Gulf. I am here on his behalf.

Mr. Chairman, I know that you and your colleagues are concerned about our Persian Gulf War veterans. We are also concerned. We are committed to providing medical care, to fashioning appropriate compensation for those who are disabled, and to identifying the causes of the unexplained illnesses.

The legislation that has been proposed by Mr. Montgomery, H. R. 4386, would assist both DoD and VA in providing better support to our Persian Gulf veterans. We encourage you to pass this legislation.

Thank you for the opportunity to comment.

Testimony of

Richard N. Miller, M.D.

Director, Medical Follow-up Agency

Institute of Medicine

National Academy of Sciences

Before the

House Committee on Veterans' Affairs

Subcommittee on Compensation, Pension and Insurance

June 9, 1994

Good morning, Mr. Chairman and members of the Subcommittee. My name is Dr. Richard Miller. I am the Director of the Medical Follow-up Agency, a division of the Institute of Medicine (IOM) in the National Academy of Sciences. I am pleased to have the opportunity to testify on the legislation designated H.R. 4386. As requested, I will focus my comments on Sections 4, 6 and 7.

Section 4 involves development of a case assessment protocol, case definition and outreach programs for Persian Gulf veterans. Regarding the case assessment protocol, if veterans who are ill are to be examined in VA as well as DoD facilities, the clinical evaluation and tests performed will have to be uniform in all instances, to permit subsequent data analysis. The experience and expertise of these federal agencies should clearly be combined. Establishment of

Establishment of an external, independent expert panel to review the protocol and its conduct could be helpful to increase the credibility of the collected data.

Developing a case definition is a much more complicated process. When a causal agent is not readily identifiable, and the clinical data suggest multiple etiologies, it becomes difficult and imprudent to define a disease or syndrome. As indicated in the report by the panel convened for the Persian Gulf Technology Assessment Workshop held at the NIH in April, consistently collected data are not available at this time, to permit defining a syndrome. The development of the case assessment protocol discussed above will be important to the case definition development.

Enhancement of the outreach program to inform the Persian Gulf veterans and their families of the health services available is an important objective, and should continue to be a high priority for the VA and DoD. In testimony heard by the IOM committee to review the Health Consequences of Service During the Persian Gulf War, a repeated concern of the veterans and their families was the availability and access to health care. Even greater efforts to reach veterans in all locations would be invaluable to the men and women who may be unaware of the care they are entitled to receive.

Regarding Sections 6 and 7, I am unable at this time to make specific recommendations or comments concerning research activities, because the IOM Committee to Review the Health Consequences of Service During the Persian Gulf War will be making recommendations in compliance with the charge set forth in Public Law 102-585. Work began on October 1, 1993, as requested by the Department of Veterans Affairs and the Department of Defense. The

committee was appointed by the National Academy of Sciences in December, and the first meeting was held on January 20-21, 1994 in Washington.

Presentations were made to the committee by those who are involved with activities or research connected with potential exposures or health outcomes in the Persian Gulf War. The second IOM committee meeting and public hearing was held on February 28-March 1, 1994 in Washington. A major portion of the meeting was devoted to presentations by veterans, their spouses, and other concerned individuals. In addition to the oral testimony, project staff continue to receive documents from those wishing to provide the committee with information. The IOM committee convened its third meeting on April 20-21, in Washington in executive session to discuss initial material to be considered in an interim report, and will hold its fourth meeting in July to continue the work on the interim report. The interim report will be ready at the end of 1994, following the critical peer review required by the NAS.

I am fully aware of the sense of urgency felt by everyone in this room to address the problems faced by the Persian Gulf War veterans, but it is critically important that we provide the IOM expert committee sufficient time to conduct a detailed, deliberative evaluation of available material in order to make long term research recommendations. In the shorter term, to assist in addressing current needs, the IOM is very willing to provide independent advice when requested; e.g., the discussions now underway with the DoD concerning the possibility of providing expert committee oversight to the case assessment protocol mentioned earlier.

Clearly the remarkable disease events following the Persian Gulf War and the Agent Orange experience following the Vietnam war are telling us that we

should direct a portion of our research activities and dollars to preparing for the next major military deployment. And those activities should be directed not only at surveillance systems for earliest possible detection and definition of problems, but much more importantly at preventive strategies. We need not accept the inevitability of similar post-deployment epidemics of puzzling morbidity in our fighting forces.

Mr. Chairman, thank you for letting me share my thoughts with the subcommittee.

**STATEMENT OF
TIMOTHY R. GERRITY
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U.S. ENVIRONMENTAL PROTECTION AGENCY
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES**

JUNE 9, 1994

Thank you Mr. Chairman and members of the Subcommittee, for the opportunity to testify on the NIH Technology Assessment Workshop on Persian Gulf Experience and Health that was held April 27-29, 1994, in Bethesda, Maryland. In my testimony I will provide you with an overview of the Workshop, focusing primarily on the Workshop's conclusions regarding the illnesses associated with service in the Persian Gulf War and the recommended research needed to further our understanding, diagnosis, and treatment of these illnesses.

Although my official duties as a government employee involve directing EPA's research on the acute human health effects of environmental air pollutants, I will be testifying today in the context of my activities as a member of the Executive Committee of the Persian Gulf Research Coordinating Council that reports to the Persian Gulf Veterans Coordinating Board, which is composed of representatives from the Department of Veterans' Affairs, Department of Defense, Department of Health and Human Services, and the Environmental Protection Agency.

The organization of a workshop to evaluate the medical and scientific basis for the health concerns associated with military service in the Persian Gulf War was one of the major charges to the Executive Committee of the Persian Gulf Research Coordinating Council. In early January of this year I was asked by the other members of the Executive Committee to serve as the Chairman of the Planning Committee for the Workshop (later to be called a Technology Assessment Workshop on Persian Gulf Experience and Health). It had been decided that it would be appropriate for the Workshop to be organized under the auspices of the

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Office of Medical Applications of Research (OMAR) of the National Institutes of Health because of their vast experience in dealing with controversial issues in public forums. In early January, several key decisions regarding the Workshop were made. Amongst them was the decision that the Workshop should be modeled after NIH Consensus Development Conferences (CDC). However, because it was felt that the scientific data base necessary to achieve consensus was lacking, it was considered unwise to characterize the Workshop as a Consensus Development Conference. Hence, the use of the terminology "Technology Assessment Workshop"

Using the NIH CDC model, an Expert Panel composed of 11 distinguished, non-federal scientists, and a representative from the Disabled American Veterans, met on April 27-29, 1994, in a public meeting held at the Masur Auditorium on the Bethesda Campus of NIH. The specific scientific disciplines represented on the Panel included: immunology, epidemiology, pulmonary medicine, neurotoxicology, occupational medicine, reproductive epidemiology, psychiatry, neurology, and pharmacology. During the 1-1/2 days of testimony the panel heard 38 scientific presentations on epidemiology, potential exposures, toxicology, and clinical studies. In addition the Panel heard testimony from 11 Persian Gulf Veterans and 4 veterans service organizations. Following the presentations the panel adjourned to consider the presentations and to prepare a statement answering several questions posed to it by the Workshop Planning Committee. The questions presented to the panel were:

1. What is the evidence for an increased incidence of unexpected illnesses attributable to service in the Persian Gulf War?
2. If unexpected illnesses have occurred, what are the components of the most practical working case

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definition(s) based on the existing data?

3. If unexpected illnesses have occurred, what are the plausible etiologies and biological explanations for these unexpected illnesses?
4. What future research is necessary?

To answer these questions, the Panel had to first define what is meant by "unexpected illnesses". For the purpose of their Statement, unexpected illnesses were: "...defined as previously unrecognized and unanticipated symptom complexes or illnesses that do not fit traditional diagnostic categories." This definition was necessary to avoid lengthy considerations of infectious diseases recognized to arise from tight living conditions and poor sanitation, diseases endemic to the Persian Gulf area, non-infectious respiratory conditions associated with sand exposure such as reactive airways disease, post-traumatic stress disorders, and various skin disorders such as hypersensitivity dermatitis and chemical dermatitis.

Were There Unexpected Illnesses?

The Panel found that the data from currently available sources such as the Persian Gulf Registry, were not sufficient to draw any conclusion regarding the incidence of unexpected illnesses. This finding was the result of the observation that the data only provide numbers of individuals reporting symptoms. It is not clear from the data whether the individuals reporting symptoms are representative of all individuals at risk or whether they represent all individuals with similar symptoms. Based on the Persian Gulf Registry data, these symptoms include in order of reporting frequency: fatigue, skin rash, muscle and joint pain, headache, loss of memory, shortness of breath, and gastrointestinal and respiratory symptoms.

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The Panel also reported that there was a lack of comprehensive information on the dates of onset of illness which would be needed to evaluate time trends in the development of illnesses. The Panel noted that a new and unexpected manifestation of leishmaniasis (viscero-tropic leishmaniasis) had been identified by investigators, but because of the absence of accurate diagnostic tools the true incidence is unknown.

Finally, the Panel pointed out that the available data on congenital malformations reported in the offspring of Persian Gulf service members are insufficient to determine whether there is an increased incidence.

What are the Elements of a Case Definition?

The Panel concluded that there are several symptoms unexplained by established disease categories. However, the panel went on to conclude that it would be premature to establish a case definition because the evidence for a single disease entity is lacking and that any attempt to establish a case definition at this time would be "misleading and inaccurate." The Panel was particularly concerned that a specific case definition at this time would have the potential for excluding Veterans from consideration because the case definition might be in error. An approach to alleviating this problem will be discussed later in my testimony.

What are the Etiologies?

The Panel concluded that "...no single or multiple etiology or biological explanation for the reported symptoms was identified from the data available to the panel." It was observed that the complex set of exposures and stressors in the Persian Gulf War were unique. The Panel cited many stressors that occurred together, including the psychological stress of deployment; multiple vaccines and medications; long working hours; crowded and unsanitary living conditions; chemical contaminants from oil fires; burning dumps; fuels; and solvents. In addition, the climate and environment of the Persian Gulf area posed additional

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stress. Finally, the threat of biological and chemical warfare added an extraordinary element of stress to the daily lives of service members.

The Panel specifically considered the following possible etiologic agents:

- Leishmaniasis
- Petroleum (vapors and combustion products)
- Sand Dust
- Depleted Uranium
- Pyridostigmine
- Pesticides
- Chemical Agent Resistant Coatings (CARC)
- Biological and Chemical Warfare Agents
- Vaccines (particularly anthrax and botulinus toxin)
- Psychological Stressors

Of the multiple agents listed above, the Panel felt that the evidence suggesting causation from sand dust, depleted uranium, pyridostigmine, pesticides, CARC paint, and vaccines was not compelling. The Panel could not conclude anything regarding biological and chemical warfare agents because the DOD reported that no exposure occurred and further evaluation awaits the report of the Defense Science Board. The Panel expressed concern over the various petroleum product exposures because they were so ubiquitous, but pointed out that exposure data are very limited. As was stated earlier, the Panel felt that the newly discovered viscerotropic form of leishmaniasis could account for some of the symptoms observed in Persian Gulf Veterans. Improved diagnostic methods might be able to uncover the true incidence of this newly identified form of this parasitic disease. Lastly, the Panel concluded that psychological stressors need to be further evaluated. They noted that the psychological stresses of the Persian Gulf War were unique including sudden mobilization, exposure to the dramatic conditions of the oil well fires, and potential exposure to biological and chemical

warfare agents. The Panel noted that the Persian Gulf War was the first combat experience in which US armed forces entered the theater with the real threat of exposure to these deadly agents, and that the effects of living under this threat is unknown. The Panel suggests that some Veterans may be experiencing a post-traumatic stress syndrome distinct from or overlapping with classic PTSD, and that this manifestation may express itself in the form of somatic and multisystem symptoms rather than the classic PTSD numbness and flashbacks. The Panel stressed, however, that it was not suggesting a lack of physical basis for reported symptoms.

Research Recommendations

The recognition that illnesses exist among Veterans of the Persian Gulf War, coupled with the inability to clearly identify distinct disease entities, led the Panel to several important research recommendations. I will briefly summarize these:

1. Current epidemiological data are unable to provide a clear picture of the true prevalence of symptoms among Persian Gulf War Veterans. This is vital to accurately establishing the extent and impact of unexpected illnesses. Consequently, a health survey of all, or a representative sample of, Persian Gulf War Veterans was recommended. This survey should also contain questions relating to family health, as well as the health of the Veteran. Though unavoidable methodological problems will accompany such a survey and make interpretation difficult, it is the only way an estimate of the symptom prevalence can be made.
2. Outside of the Persian Gulf Referral Centers, there appears to be no uniform protocol for the case

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assessment of Persian Gulf Veterans reporting illnesses.

A uniform case assessment protocol is essential in the effort to ultimately develop a case definition. It was therefore recommended that such uniform protocols be established across the VA and the DoD.

3. In order to help better define underlying illnesses, cohort studies were recommended to compare the prevalence of illnesses between Persian Gulf War Veterans and Persian Gulf Era Veterans (i.e., service members who were not deployed to the Southwest Asia Theater of Operations). A well designed case-control study, including detailed exposure information, was also recommended. As with the survey, family studies should be included where appropriate.
4. Because pulmonary complaints represent a major reason for disability claims, a retrospective cohort study investigating the potential effects of the oil well fires on pulmonary function was recommended.
5. Simulations of exposure to indoor air pollutants such as occurred in the Persian Gulf War should be conducted to evaluate their potential health impacts. Indoor air pollutants include diesel exhaust, pesticides, and CARC paint. It should be recognized, however, that such simulations by their nature would contain uncertainties which would need to be factored into any final exposure assessment.

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6. Because the Panel felt that stressors of deployment may have contributed to the constellation of symptoms, further research by the DoD into deployment and combat stress is needed. The ultimate aim of this research is to provide a basis for disease prevention.
7. The Panel felt that the VA should engage in multidisciplinary research to identify treatable stress-related or stress-exacerbated illnesses, leading to intervention strategies that would reduce the impact of stress-related symptoms.
8. The Panel recommended that the DoD take a more aggressive approach to occupational hygiene concerns during military operations. Although it was generally felt that the DoD had an excellent occupational hygiene program for home-based service members, occupational hygiene considerations during combat deployment needed improvement. In particular, the Panel felt that improved exposure measurements were essential.

The Panel considered an additional research recommendation that did not make it into the Draft Workshop Statement of May 4, 1994. This additional recommendation will be a part of the Interim Statement which is currently being finalized by the Expert Panel and should be available shortly. This Interim Statement will certainly be made immediately available to this Subcommittee.

Conclusions

The NIH Technology Assessment Workshop on Persian Gulf Experience and Health provided a major step forward in understanding the illnesses associated

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with service in the Persian Gulf War. The Expert Panel injected the highest standards of critical scientific and clinical thought along with an extraordinary degree of compassion for the suffering of our Veterans. The Panel's decision to demur on a case definition for Persian Gulf illnesses was an extraordinarily difficult one given the serious health needs of our Veterans. However, the intellectual courage of the Panel will ultimately give the highest service to our Veterans because the maintenance of scientific and clinical discipline is essential to arrive at accurate diagnostic criteria and ultimately at effective treatment. The research recommendations of the Panel form a strong basis for improvement of the scientific data base upon which the first three questions asked of the Panel can eventually be answered, i.e. are there unexpected illnesses? what are the elements of a case definition? and what are the plausible etiologies?

At a more detailed level, one could question or criticize specific elements of each of the research recommendations. But generally the recommendations are on strong scientific ground and the VA, DoD and other Federal research organizations should be encouraged to give serious consideration to these recommendations. Because the execution of these research recommendations is vital to furthering the ability of the VA and DoD to provide effective care to former and current service members, it is absolutely essential that any in-house research programs undergo appropriate internal and external peer review prior to execution. Errors in protocol design, execution, and interpretation can thus be avoided, and the up front investment in time needed for peer review would ultimately accelerate the process of establishing accurate diagnostic and treatment protocols.

I want to thank the Subcommittee for this opportunity to discuss the Persian Gulf Workshop and to offer my assistance at any time in helping work toward its goal of ensuring effective diagnosis, treatment, and compensation of Persian Gulf War Veterans.

OTA TESTIMONY

STATEMENT OF
CLYDE J. BEHNEY, ASSISTANT DIRECTOR and
MARIA HEWITT, SENIOR ANALYST

Comments on HR 4386, the "Veterans' Persian Gulf War Benefits Act"

Testimony before the

U.S. House of Representatives
Subcommittee on Compensation,
Pension and Insurance
Committee on Veterans' Affairs

June 9, 1994



Congress of the United States
Office of Technology Assessment
Washington, DC 20510-8025

Thank you, Mr. Chairman, for the opportunity to offer OTA's views on the proposed legislation, HR 4386, the "Veterans' Persian Gulf War Benefits Act." My testimony will focus on the research aspects of the bill.

We know that at least some Persian Gulf veterans (I use the term "veterans" here to include everyone who served in the Persian Gulf, including those on who remain on active duty) have serious illnesses, and further, that some of those illnesses have thus far defied diagnosis. **What is not known--and will not be learned even if all the research currently under way is successful--is the prevalence of serious illness in the entire Persian Gulf veteran population and what the conditions are that people are suffering from.** It is impossible to tell whether the sick and disabled individuals we all have seen at hearings and other meetings, or heard about in the news, are the tip of an iceberg or most of it. The people we've seen loom large in all our minds, so we may tend to think we are facing a larger problem than really exists, or we may be imagining that the problem is smaller than it really is.

HR 4386 proposes a survey to acquire the kind of information that would be needed to define the extent of the Persian Gulf veterans' health problems and to plan a rational research agenda for the coming years. Wisely, the committee did not try to dictate the type of survey that should be done (but did realize that it might be expensive!). What is attractive about a large survey is that it could set the stage for a future Persian Gulf research agenda. In addition, it could be used to better implement other components of HR 4386 by gathering information on veterans' knowledge about the VA registry and other services available to them, information that could be used to target outreach programs. On the medical side, hypotheses could be generated from its results, and it would be possible to return to the individuals surveyed to study specific questions in more in-depth studies. The survey should provide the information for deciding what type of further studies are necessary. We believe that it would be a mistake to initiate other major epidemiologic studies--cohort studies or case-control studies--until the results of this survey are available (recognizing that some smaller, focused efforts will be necessary regardless of the survey).

At the moment, we are seeing a proliferation of studies and data collection within VA and DoD and, despite an official coordinating committee, no sense of an overall strategy. Even a matter as seemingly straightforward as making provisions for individuals still on active duty to enter the VA health registry have not been worked out, despite the fact such access is required by law. And the revision of the registry examination protocol, which began last fall, still is not complete. Since then, an additional 10,000 or so veterans have been examined using the flawed protocol, and as a result, the data being recorded are far less useful than they should be.

I'd like to talk now about some of the questions that could be addressed in a survey and some of the forms the survey might take. Clearly, it is most important to find out the prevalence and nature of serious health problems in Persian Gulf veterans and their families. Secondly, information about what the veterans perceive as the reasons for their problems, and about what they think they were exposed to in the Gulf could be gathered. Getting valid answers to these questions and setting the stage for future research will take meticulous planning and a large sample--perhaps tens of thousands, though the exact number should be decided on the basis of pilot test results and other considerations--of the Persian Gulf veteran population surveyed in a probing interview, probably best done by telephone.

We are concerned that the opportunity afforded by this bill to survey Persian Gulf veterans not be squandered on a poor quality effort, and have some suggestions for how such a situation might be avoided. First, the survey should be designed by individuals with significant experience in survey research, which is a specialized field, in collaboration with VA and DoD researchers familiar with the Persian Gulf experience. Input for the design of the survey should derive from various sources of existing information. For example, to target the symptoms and diagnoses of greatest concern, the VA Persian Gulf Veterans' Health registry; the VA's compensation files, including a systematic review of all claimants, whether or not they are being compensated (we believe these files, in particular, have been overlooked as a source of specific Persian Gulf veteran complaints); and the intensive medical examinations now being conducted by DoD, should be mined to the fullest extent possible. Using this information, specific combinations of symptoms that seem important could be incorporated explicitly into the survey.

An extremely important and difficult issue is how to interpret the results of a survey of Persian Gulf veterans in relation to what might be expected in terms of illness and disability in a similar population not exposed to the Persian Gulf theater. A control group, comprising men and women of similar military status (i.e., active duty, reserves, etc.) at the time of the Persian Gulf conflict, but who did not serve there (i.e., Persian Gulf era veterans), is an obvious possibility. It might well be difficult, if not impossible, to construct a large enough control group, but OTA doesn't have sufficient information to make that judgment. (One of the attractive features of surveying the Persian Gulf veterans themselves is that it should be relatively easy to select a sample from DoD's computerized records, even if it were possible to assemble a control group, it might be considerably more difficult to identify them.) In addition, the intense publicity and heightened level of concern among Persian Gulf veterans might make it problematic to compare reports of illness and disability between the two groups. The problems could be so severe that even if it is possible to identify a sufficiently large group of Persian Gulf era veterans as controls, for the purposes of this survey, it would not necessarily be desirable to do so. The costs and benefits of a control group must be weighed thoroughly before that decision can be made.

An alternative to a control group is to incorporate questions into the survey taken from other recent health and veteran surveys that could provide valid comparisons on at least some measures. OTA has identified a number of potentially relevant surveys, including: a 1993 supplement to the Census Bureau's ongoing Current Population Survey that specifically deals with veterans, their military history, health and disability status, and use of VA services; and a 1992 telephone survey from VA's National Center for Veteran Analysis and Statistics that deals extensively with illnesses, disabilities and use of VA services. It may be possible, taking some questions directly from these surveys (which have the advantage of experience in the field), to estimate expected ranges of the extent of illness and disability in a similarly-aged (and similar otherwise demographically) population of veterans who did not serve in the Persian Gulf. These possibilities clearly require careful thought and consultation with the developers of the surveys mentioned to work out how useful they might be.

We are concerned also that the focus of the survey not be entirely on reporting symptoms, but should focus heavily on functional disability. The reason for this is that the symptoms being reported by veterans in the VA registry, for instance, are rather general and subject to tremendous variation in interpretation (e.g., fatigue, joint pain, memory problems). Collecting information on the prevalence of these symptoms will not necessarily be useful in getting a better handle on the

extent of serious health problems in the population. And because it is suspected that there may be significant numbers of people with severe symptoms but no diagnosis, it won't be possible to rely on reported diagnoses either (that would likely underestimate the extent of problems). It will be important, therefore, to move beyond symptoms into finding out whether people have become functionally disabled by their symptoms and the extent of their disabilities. The other surveys mentioned above do explore these disability areas quite extensively, and there are additional general disability surveys in the field (e.g., the 1994 National Health Interview Disability Supplement) that could be drawn on for this survey.

A number of other areas also must be covered in the survey, both because veterans will expect to be asked about them and because they might provide clues about the origins of their conditions. This pertains particularly to possible environmental exposures in the Persian Gulf. While the veterans themselves will know definitely about some exposures, they may not be aware of others, and they may believe mistakenly that they had exposures they didn't really have. It should be recognized at the outset that a survey of veterans will not necessarily be definitive in actually identifying exposures, but again, it may provide clues that can be followed up in later studies. In our September 1993 report to you, we suggested that DoD might prepare a unit-by-unit "exposure history" of the Persian Gulf forces to complement the information on troop movements that will be included in DoD's geographic information system project. Even if only rudimentary information about the basic activities of the units and any unusual recorded events were included, it would at least provide a framework into which information reported by veterans could be placed. I don't believe DoD has acted on that suggestion, but we still believe it would be worthwhile.

I mentioned earlier our preference for a telephone interview for this survey, as opposed to a mailed questionnaire. There are two main reasons for this: first, telephone surveys tend to have better response rates than do mailed surveys; and second, telephone interviews offer greater flexibility and the potential to probe for more information. For instance, if an individual reports some functional disability, a series of questions about how the person's activities have been affected will be triggered. Similarly, reporting specific symptoms might trigger clarifying questions about the nature of the symptoms. People reporting no problems would not trigger those questions, and the interview would be correspondingly shorter. Another approach might be to conduct shorter initial interviews for everyone, but identify those from whom more in-depth information is needed and arrange follow-up interviews during the initial phone contact. It might also be necessary to gain access to the medical records of individuals with health problems, and permission to do so could be requested during the interview, without having to collect that information from everyone in the survey.

Over- or underreporting of health conditions is always a concern with self-reported survey data. One way to estimate the extent of misreporting would be to conduct medical examinations and medical record reviews on a small sample of the survey population, identified to represent some of the more commonly reported problems, as well as some people reporting no problems. This type of activity could add considerably to the cost of the survey, but may be necessary.

The sooner a survey can be completed, the more useful it will be. A major undertaking like this requires extensive planning, however, and quality should not be sacrificed for the sake of expediency. That said, if this activity is given top priority by VA and DoD, and if the appropriate experts are brought in, it should be possible to develop the survey in a few months of

concentrated work. A pilot test could be carried out in two or three months, and the full survey could then commence. There are entities within the government experienced in survey research, e.g., the Health Care Financing Administration and the Census Bureau, and there are a number of private companies with excellent track records in survey research, any of which could conduct this survey. We urge that these possibilities be explored and that, if a private company is used, every attempt be made to streamline the contracting process.

Given the potential pitfalls of this research, and the possible range of findings, it will also be important for the planners to think ahead to when the results are in. It is standard practice to think through what the range of results could be, and to map out tentative courses of action. For instance, what would be a threshold finding that would trigger a case-control study? This activity should be documented at the start of the survey and consulted when it is finished, though, of course, the actual results may dictate some changes.

No survey or other type of study is going to answer everyone's questions about the health of Persian Gulf veterans. There undoubtedly will be disagreements about how serious the problems are in this population for years to come, no matter what research is done and no matter what the findings are. A survey such as the one described in this testimony will be difficult to interpret under the best of circumstances. The intense publicity about possible health hazards in the Persian Gulf must affect the way people remember their experiences there and, in many cases, the way people interpret their current health conditions. It has been pointed out, e.g., by the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health, that the psychological stresses of the Persian Gulf were intense and certainly the cause of some current illness, including physical manifestations. There has been reluctance in many quarters to accept the fact that physical illness may commonly result from severe psychological and emotional stress, resulting in an imperative to find external causes for all conditions. This imperative could place unreasonable and unmeetable expectations on any epidemiologic or medical research on Persian Gulf veterans. There is no perfect way to go about research on Persian Gulf veterans' health, but we believe that a survey could be a step forward.

Thank you again for the opportunity to appear before the Subcommittee. We'll be happy to answer any questions you might have.



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and the

Society of Military Widows

Before the

Subcommittee on Compensation, Pension and Insurance

Committee on Veterans' Affairs

U.S. House of Representatives

June 9, 1994

••• Persian Gulf War Veterans •••

Mr. Chairman, and members of the subcommittee, I welcome the opportunity to present the views of the National Association for Uniformed Services and the Society of Military Widows. The National Association for Uniformed Services represents all grades and branches of uniformed services personnel, their spouses and survivors. Our nationwide association includes active, retired, reserve and National Guard, disabled and other veterans of the seven uniformed services: Army, Marines, Navy, Air Force, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration. Our affiliate, the Society of Military Widows is an active group of women who were married to uniformed services personnel of all grades and branches and represents a broad spectrum of military society. With such membership, we are able to draw information from a broad base for our legislative activities.

We want to thank this committee for considering H.R. 4386, to provide compensation to veterans suffering from disabilities resulting from illnesses attributed to service in Southwest Asia during the Persian Gulf War and for other purposes.

We strongly support authorizing the Secretary of Veterans Affairs to provide compensation for these veterans who suffer disabilities resulting from service in Southwest Asia. We do not believe, however, that the compensation period should be limited to three years. The men and women who served in the Persian Gulf were serving under an open-ended contract to do what ever was required for as long as necessary, whatever the personal costs, until the mission was accomplished. There were no escape clauses or conditions. The nation must give the same commitment to the veterans of that war who are suffering from undiagnosed illnesses. There should be no arbitrary time limit on the length of time the compensation should be paid. This is particularly important when so little is known about the illnesses and resulting disabilities.

The bill would also limit payment of compensation only to those veterans whose illness became apparent within one year after the last day of service in the Persian Gulf. Again, this provision could result in severely ill veterans not being compensated. The Medical community does not know enough about the disability to allow such a limit to be imposed. This is further complicated by evidence presented before the House Armed Services Committee that indicates "institutional bias" may be preventing some active duty Gulf War veterans from coming forward for treatment and subjecting those who do come forward to "unnecessary stress and humiliation". During a recent congressional hearing the US Navy Surgeon General testified that the illnesses are yet to be identified and that treatment for the illnesses is still unknown. Only after the cause or causes of the illnesses are identified can it be determined if curative or preventative measures can be implemented.

Until more is learned about this medical problem, no limit concerning manifestation of the illness should be imposed.

We strongly support the presumption of service connection for these illnesses, the requirement for development of case assessment strategies and definition or diagnosis and the requirement to promote greater outreach to Persian Gulf War veterans and their families.

We believe it is essential that the Departments of Veterans Affairs and Defense cooperate closely on this matter and support the committee's provisions in this regard.

In closing, Mr. Chairman, we thank you for conducting this hearing and for giving NAUS and SMW the opportunity to testify before this distinguished panel.

STATEMENT OF
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OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
OF THE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
JUNE 9, 1994

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the more than 1.4 million members of the Disabled American Veterans (DAV) and its Women's Auxiliary, I wish to express our deep appreciation for this opportunity to provide the Subcommittee with DAV's assessment of legislation -- H.R. 4386 -- that would provide, among other things, compensation to Persian Gulf War veterans who are suffering from disabilities resulting from illnesses attributable to their service in Southwest Asia.

At the outset Mr. Chairman, we wish to thank you, Ranking Minority Member Bilirakis, Committee Chairman, G. V. "Sonny" Montgomery, and the members of the Subcommittee for the introduction of H.R. 4386 which would authorize the Secretary of Veterans Affairs (VA) to provide compensation to veterans suffering from disabilities resulting from illnesses attributable to service in the Persian Gulf theater during the War in Southwest Asia. In addition, the bill would provide for increased research into illnesses suffered by Persian Gulf War veterans and would promote greater outreach to these veterans and their families.

By focusing your attention on the needs of Persian Gulf War veterans, you have demonstrated, in a most meaningful way, your commitment to ensuring that America's Persian Gulf War veterans and their families receive the VA benefits and services to which they are entitled.

Mr. Chairman, you and members of the Subcommittee deserve special recognition for the concentrated effort being made to garner as much information as possible on the identification of the cause(s) of the ailments Persian Gulf War veterans are experiencing. Not only does H.R. 4386 call for compensating these brave men and women of the Persian Gulf War, but it also requires the Secretary of Veterans Affairs to develop case assessment strategies and diagnoses of these illnesses, provide greater outreach to Persian Gulf War veterans and increase research activities in consultation with the Secretaries of Defense and Health and Human Services. The DAV acknowledges and applauds these efforts.

Mr. Chairman, we are concerned, however, that there are already some preconceived notions about what these studies will show. In an article in the Washington Post on May 13, 1994, Stephen Joseph, Assistant Secretary of Defense for Health Affairs, was reported to have stated that he believes a new Department of Defense study will show that "a large factor, probably the majority" of Persian Gulf veterans will be diagnosed with conventional illnesses, not attributable to serving in the Persian Gulf. DAV hopes that the research conducted as a result of this legislation will be conducted without such preconceived biases.

Like you and the members of the Subcommittee, Mr. Chairman, DAV is committed to ensuring that America's disabled veterans,

their dependents and survivors receive the VA benefits and services to which they are entitled.

Recently, the DAV wrote to the Secretary of Veterans Affairs, Jesse Brown, to express our significant concerns about the plight of Persian Gulf War veterans. We called upon the Secretary to provide just compensation to veterans suffering illness or disease believed to be associated with their service in the Persian Gulf War. We also urged the VA to continue its vigorous pursuit to identify the cause(s) of those ailments and their possible treatment and cure. The legislation before us today -- H.R. 4386 -- goes a long way in meeting our concerns. The DAV supports the provisions of H.R. 4386, with the exception of two provisions which are discussed below.

Mr. Chairman, it is obvious H.R. 4386 recognizes compensating these ailing veterans is only a partial answer to their problems. The bill also provides for increased research activities and a uniform case assessment protocol to ensure thorough assessment, diagnosis and treatment of Persian Gulf War veterans suffering from ailments attributed to their service in Southwest Asia.

While compensation will certainly help those veterans who are unable to provide for their own basic needs or for the needs of their families due to their ailments, "the cloud of mystery" surrounding these ailments must be removed in order to provide an environment in which these veterans can recover their previous health status to the maximum extent possible. Our government must, as soon as possible, uncover the source or sources of these ailments so that proper treatment can be administered. All of our government's available resources must be utilized in order to quickly resolve the lingering questions surrounding these ailments. Too much precious time has already been lost and too many questions still remain unanswered. It is imperative that these wartime disabled veterans not be forgotten solely because the scientific/medical community is unable to find answers to the source of their ailments.

Mr. Chairman, H.R. 4386 goes a long way in solving many of the dilemmas now facing Persian Gulf War veterans, i.e., compensation and health care issues. DAV is very grateful that this Subcommittee is taking meaningful measures to provide Persian Gulf War veterans with assistance in these areas. However, we are concerned that the one year presumptive period is not adequate.

Primary investigations and multifarious studies have attempted to identify the source or sources of these ailments. Exposure to smoke from oil field fires and other petroleum agents, depleted uranium, chemical and biological elements, desert parasites, vaccines, chemoprophylactic agents and vehicle paints have all been identified as possible sources for these ailments. While there is no official name(s) given to these disabilities, "Multiple Chemical Sensitivity," "Persian Gulf Syndrome" and "Chronic Fatigue Syndrome" are terms used to describe the commonality of ailments plaguing the men and women who served our country with honor in the Southwest Asian Theatre.

With the difficulty in pinpointing the source or sources of the various ailments, we question whether a one year presumptive period is adequate for the purpose of compensating veterans who are suffering from illness or disease attributed to their service in the Persian Gulf. Accordingly, we suggest that the one year presumptive period be left open ended until the scientific/medical community can determine the cause of these ailments.

Although it may be difficult at this time to pinpoint the cause of the ailments or even the disease entity, one thing is abundantly clear -- these brave men and women are suffering from ailments, linked to their service in the Persian Gulf, which in many cases prevent them from providing for their own basic needs and for the needs of their families, and therefore are entitled to compensation. There is no question in our mind that their problems and needs are real, and their situation cries desperately for assistance from the VA; H.R. 4386 provides that needed assistance.

The DAV does not intend to suggest nor do we believe it necessary to depart from the well established concept underlying service connection, that is, that the disability was incurred in or a result of service. We believe the intent of this legislation is simply to deal with this complex and difficult matter in an equitable manner while remaining mindful of the basic precept of service connection and thereby maintaining the integrity of the compensation program.

Secondly, Mr. Chairman, we question why, for purposes of this bill, a Persian Gulf veteran is defined as a veteran who served on active duty in the Southwest Asian Theatre of operation between August 2, 1990 to the date of enactment of this legislation. With members of our Armed Forces still serving in this theater of operation, we are concerned that the ending date is premature and serves no legitimate purpose. Since compensation will terminate under the provisions of this bill after three years, it seems to serve little purpose to define a Persian Gulf veteran in the manner this legislation does. These brave men and women are still serving their country and their country should not turn its back on them. Accordingly, DAV believes that the ending date, defining Persian Gulf veterans, should be left open.

In closing, I would like to make a passing reference to the "pay-go" provisions of the Budget Enforcement Act. It appalls us to think that in order to pay for the provisions of this legislation, some other worthy program or group of wartime disabled veterans or their dependents will have to give up their compensation to fund these provisions. At a time when our nation reflects upon and commemorates the victories of our country's war heroes fifty years ago, isn't it time that Congress realizes that paying for the disabilities of wartime disabled veterans is nothing more than an extension of the costs of the war waged by our Government. It is unconscionable to think that one group of wartime disabled veterans must give up an entitlement so that another group of wartime disabled veterans can receive benefits or services to which they are entitled. "Pay-go" provisions should not be applied to benefits or services affecting wartime disabled veterans.

This concludes my statement. I would be happy to answer any questions you may have.



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STATEMENT OF
MICHAEL F. BRINCK
AMVETS NATIONAL LEGISLATIVE DIRECTOR
before the
SUBCOMMITTEE ON COMPENSATION & PENSION
of the
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
on
H.R. 4386,
a bill to provide for payment
of disability compensation to
certain veterans of the Persian Gulf War

Thursday, June 9, 1994
Room 334
Cannon House Office Building

Thank you, Mr. Chairman, for holding this hearing and for inviting AMVETS to testify today on what we believe to be a positive approach to solving an issue which threatens to repeat the mistakes made during the debates over Agent Orange and ionizing radiation.

We are pleased to offer our assessment of the "Veterans' Persian Gulf War Benefits Act," a bill that would provide compensation to veterans suffering from disabilities resulting from illnesses attributable to service in the Persian Gulf theater of operations during the Persian Gulf War. The proposed legislation would also provide additional funding to continue research into illnesses reported by these Persian Gulf veterans, and to further the understanding of the causes and effects of exposure to the environmental and chemical hazards associated with service in Southwest Asia.

It is refreshing to note that this legislation acknowledges our national obligation to care for our men and women in uniform. H.R. 4386 serves to set aside questions of direct service-connection in favor of our Persian Gulf War area veterans. H.R. 4386 is a clear signal to all veterans that our government has learned from past problems with Agent Orange and ionizing radiation and that America does care and is willing to illustrate that care in a tangible way.

Enactment of the Veterans' Persian Gulf War Benefits Act is the appropriate next step in the actions already taken on behalf of Persian Gulf War veterans. AMVETS supported the establishment of the Persian Gulf War Veterans Health Registry as a means of gathering data on the men and women whose service resulted in medical conditions often defying diagnosis. Once the Registry began to grow, Congress authorized the Department of Veterans Affairs (VA) to provide priority health care services to Persian Gulf War veterans. Subsequently, it became apparent that the answers were not going to come either quickly or easily. With that in mind, Congress provided funding to establish a specialized environmental medical facility to research the possible health effects of hazardous exposure by Persian Gulf veterans on the battlefields of Southwest Asia.

H.R. 4386 is a further commitment aimed at a final resolution to the health problems associated with military service in the Persian Gulf Theater. AMVETS fully agrees that further research is necessary and should continue with dedicated funding. We agree that it is incumbent on VA to move swiftly to develop case histories and protocols which will facilitate further evaluation following what we hope will be forthcoming medical conclusions. We also agree that continued outreach to Persian Gulf veterans is imperative. Communication of information must flow equally

in all directions: between VA and the Departments of Defense and Health & Human Services; and between VA and the Persian Gulf veterans involved in this issue.

While we consider the proposed method of compensation payment to be consistent with established VA policy, we must express our concern regarding the terms of such payment. It is common knowledge that many of the conditions being reported by Persian Gulf veterans are chronic in nature and that veterans with "Persian Gulf Syndrome" may suffer for a lifetime. We appreciate the intent of the proposed compensation to counter lost earning capacity, but we view the temporary nature of the proposed compensation to be a short term fix for what in many cases will be a life-long problem for the affected veterans.

AMVETS sincerely hopes there will conclusive medical findings before the end of the proposed three-year compensation period, but we fear that a mere three years may be asking medical science for too much too soon. The arbitrary three-year limit might also signal veterans that America cares about their health problems, but only so much.

There is no lack of evidence to clearly illustrate just how short a period of time three years is. Ionizing radiation studies begun nearly fifty years ago continue to bear fruit. Agent Orange research is continuing, but it has taken several years to move the American bureaucracy to the point of taking action on the medical findings. All the while veterans waited and suffered, and many died before they were able to reap compensatory benefits. In our view, Persian Gulf medical research must not be restricted either in the amount of time granted or in the amount of financial support provided.

There is another important issue that must be addressed regarding Persian Gulf War area duty and potentially related health problems. There is a trend which indicates the strong possibility that some of the health problems reported by many Persian Gulf War veterans are being transmitted to their spouses and children. Spouses and children of many Persian Gulf War veterans are reporting similar symptoms or abnormalities potentially related to those of the exposed veterans.

AMVETS feels quite strongly that any research into the cause and effect relationships between military service in the Persian Gulf Theater and resulting health care conditions must also include any significant problems reported by the families of those veterans. The Persian Gulf War Veterans Health Registry should be expanded to include veterans' family members, and medical research should be expanded to include them also.

We ask you, Mr. Chairman, do these family members with highly suspect medical problems deserve any less? AMVETS strongly recommends that the subcommittee amend H.R. 4386 to provide, at a minimum, health care treatment to family members exhibiting medical conditions that could be attributed to harmful exposure by their veteran sponsors in the Persian Gulf War area. Taking this extra step would be most appropriate, especially in light of the uncertainty surrounding the future of national health care in our country.

AMVETS considers it most appropriate that the proposed legislation would continue funding of Persian Gulf veterans health care research through 1997. Again, we would fully expect Congress to, without hesitation, continue funding for research if necessary. Furthermore, the value of the Persian Gulf War Veterans Health Registry cannot be overemphasized, particularly with regard to getting the word out to Persian Gulf veterans about the compensation benefits enactment of this bill will provide. Continued outreach and maintenance of the registry, to include family members, will help to maximize the information pool from which medical researchers can draw upon to facilitate analysis, evaluation and formulation of reasonable medical conclusions.

Finally, Mr. Chairman, AMVETS could not agree more that, if we are ever to get to the bottom of the Persian Gulf War veterans health care dilemma, close coordination between the Departments of Defense, Health and Human Services, and Veterans Affairs is a must. Much duplication of effort and expense of time and expertise can be saved through sharing of information and mutual assistance in achieving mutual goals.

AMVETS again wishes to thank the subcommittee for the opportunity to testify today. We renew our commitment to work with the members and their staffs toward achievement of this and other important goals on behalf of the veterans of our country. Mr. Chairman, this concludes my statement.



**PARALYZED VETERANS
OF AMERICA**

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STATEMENT OF
RUSSELL W. MANK, NATIONAL LEGISLATIVE DIRECTOR
PARALYZED VETERANS OF AMERICA
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
OF THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
CONCERNING
H.R. 4386, "TO PROVIDE FOR PAYMENT OF DISABILITY
COMPENSATION TO CERTAIN VETERANS OF THE PERSIAN GULF WAR"
JUNE 9, 1994

Mr. Chairman, and Members of the Subcommittee, the Paralyzed Veterans of America (PVA) appreciates this opportunity to express our views on H.R. 4386.

PVA supports the provisions of H.R. 4386 which provide for further medical research to resolve the problems of diagnosing the various symptoms plaguing some of our veterans who served during the Persian Gulf hostilities. This research is necessary to permit better treatment of their problems, allay untoward fears of what their symptoms may lead to, and permit appropriate compensation for their illnesses.

PVA believes that if the medical research supports a causal link or association between service in the Persian Gulf and a disease or specific cluster of symptoms, then those conditions should be subject to a conclusive presumption of service connection.

Many of the problems faced by today's veterans of the Persian Gulf are not unlike those faced by Vietnam veterans attempting to have their maladies associated with exposure to Agent Orange. Scientific studies were undertaken and reviewed concerning the association of herbicides and a wide range of symptoms and illnesses. Where a statistical probability is demonstrated between illness and Agent Orange exposure, the service connection is presumed for those individuals serving in Vietnam where it was assumed they were exposed to herbicides. We believe that the same principles could well be applied in the cases of those veterans exposed to various toxic materials.

With the lessons learned in dealing with Herbicides in Vietnam, PVA does not believe that service connection should be granted unless a medically identifiable disability or condition exists. Service connection should not be granted for vague symptoms alone. The studies proposed will hopefully provide the answers to the identification of these conditions in the same manner as was achieved with Agent Orange diseased individuals. At that time, compensation may be paid in accordance with the severity of the disease as dictated by VA's Schedule for Rating Disabilities. For these reasons, PVA concludes that action on sections which would grant service connection for undiagnosed conditions be deferred.

PVA does not believe that any time limit should be placed on the payment of compensation benefits. Either a disease is service-connected or it is not service-connected. Service-connected diseases should continue to be compensated for as long as they

produce functional or industrial impairment. If a disease or disability does not produce such impairment, then a noncompensable rating may be assigned. The proposed three-year limitation would do irreparable damage to a fundamental concept of payment for those injuries and diseases of veterans incurred as the result of military service.

Thank you, Mr. Chairman. That concludes my testimony. I will be happy to answer any questions that you, or this Subcommittee, might have.



NCOA

Non Commissioned Officers Association of the United States of America

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STATEMENT OF

LARRY D. RHEA

DEPUTY DIRECTOR OF LEGISLATIVE AFFAIRS

BEFORE THE

SUBCOMMITTEE ON

COMPENSATION, PENSION AND INSURANCE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

ON THE

VETERANS' PERSIAN GULF WAR BENEFITS ACT

JUNE 9, 1994

The Non Commissioned Officers Association of the USA (NCOA) is pleased to appear today to testify regarding H.R. 4386, the "Veterans' Persian Gulf War Benefits Act." The Association's 160,000 members thank the distinguished Subcommittee Chairman for scheduling this hearing on a subject of utmost urgency and importance to Persian Gulf veterans. NCOA is hopeful that our testimony will be beneficial to the Subcommittee's efforts to expeditiously address the needs of these veterans and their families.

RESTORATION OF THE TRUST

Many things relating to the Persian Gulf War were without precedent including the war's relative brevity and the advanced technology that was brought to the battlefield. Equally significant were the multiple environmental factors that confronted U.S. troops in the theater of operations. Included among these multiple factors were numerous potentially toxic substances such as pesticides, depleted uranium, infectious agents, chemoprophylactic agents and indigenous disease, as well as the added psychological stress associated with the threat of enemy use of chemical and biological warfare agents.

Although a direct cause and effect relationship between the war's environmental factors and veteran's illnesses is yet to be established, one thing is unmistakable and very real. Significant numbers of veterans of the Persian Gulf War are enduring suffering and illnesses that have a high probability of linkage with their service in the Persian Gulf theater. Even though the health consequences resulting from that service are yet to be explained, NCOA is at least comforted and reassured that the Congress of the United States is willing to give the "benefit of the doubt" to those veterans.

It is regrettable that it has required the intervention of Congress to ensure that government agencies fulfill their legal and moral responsibilities to Persian Gulf Veterans. Nonetheless, NCOA is grateful for that intervention and for Congressional willingness to keep focused on these veterans until complete answers are forthcoming. In NCOA's opinion, today's hearing is a continuation of several actions by Congress that collectively can be characterized in one phrase

- "restoring the trust with veterans."

H.R. 4386

NCOA views the "Veterans' Persian Gulf War Benefits Act" as another step along the path of restoring trust between the Nation's veterans and their government which orders them into harms way. H.R. 4386 is, without question, a precedent setting measure since scientific research on the symptoms and illnesses of Gulf War veterans is incomplete and therefore the cause and effect relationship cannot be factually demonstrated. The conclusion of that scientific research notwithstanding, H.R. 4386 represents the moral high ground and it is the course that should be taken. NCOA supports the bill and offers the following comments relative to its contents.

H.R. 4386 has several strong features that deal with the development of case assessment protocol, case definition and greater outreach programs for Persian Gulf War veterans and their families to inform them of services and benefits. NCOA enthusiastically supports these features of the bill.

NCOA also strongly supports those provisions of the bill that authorize additional appropriations on behalf of Gulf War veterans: specifically, Section 6 which provides \$5 million annually during each of the next three fiscal years for research and Section 7 which provides authorization for \$5 million in Fiscal Year 1995 to gather information on the incidence and nature of health problems occurring in Persian Gulf veterans and their families.

There are three stipulations in Section 5 of H.R. 4386, however, that are of concern to NCOA. The Association is unable to attach any apparent rationale and, therefore, NCOA requests that the Subcommittee reconsider the following provisions.

The first concern deals with Section 5 (a) of the bill that would add a new Section 1117(a) to Chapter 11 of Title 38 and which reads, in part: "The Secretary shall pay compensation under this subchapter to a Persian Gulf veteran suffering from chronic disability...that became manifest...within one year after the last date on which the veteran performed active

military...service in the Southwest Asia theater of operations...."

As indicated, NCOA cannot attach any sound basis for the one-year limiting factor. This provision appears to assume that the symptoms of any undiagnosed illness, or a combination of undiagnosed illnesses, will become manifest within twelve months of a veteran departing the theater of operations. This provision appears highly arbitrary and NCOA suggests that scientific research at this point in time would not support such a proposition. This provision of H.R. 4386 is diametrically different than everything else in the bill that gives the "benefit of the doubt" to the veteran.

NCOA is opposed to the one-year provision. The Association prefers language that would provide compensation to Persian Gulf War veterans whenever there is a high probability that their disability may be the result of that service. NCOA believes that this certainly should be the case until sufficient scientific research and evidence is available to support or refute the cause and effect relationship for the illness(s).

NCOA's second concern with Section 5 of H.R. 4386 deals with that portion that would add a new Section 1117(e) to Chapter 11 of Title 38 and which reads, in part: "...the term 'Persian Gulf veteran' means a veteran who served on active duty ...in the Southwest Asia theater of operations...beginning on August 2, 1990, and ending on the date of the enactment of this section." As with the previously stated concern, NCOA is unable to rationalize the reasoning behind this wording. If H.R. 4386 is enacted, as proposed, any veteran who serves in the Southwest Asia theater of operations after October 1, 1994, would be excluded from this bill.

In NCOA's opinion, this provision also appears arbitrary and assumes that the United States will no longer have troops in the theater of operations after October 1, 1994, an unlikely reality. As long as troops are serving in the theater of operations, they will confront the risk of potentially being exposed to depleted uranium, infectious agents, etc. Therefore, NCOA believes the right approach would be to end the period for the definition of 'Persian Gulf veteran' as the date established by the Department of Defense, a date that is yet to be

determined. To do so in this manner would be consistent with the precedent of beginning and ending dates for the definition of veteran for prior wars.

NCOA's final comment on the bill relates to Section 5 that would add a new Section 1117(e) to Chapter 11 of Title 38 that would preclude any compensatory payments after three years following enactment of the bill. Maybe such a provision is necessary but that necessity is not obvious. Does this assume that all questions will be answered in three years? Does this assume that cause and effect relationship between service in the Persian Gulf theater of operations and a veteran's illnesses can be linked, without question, within the next three years? At the present, we can only hope that research and the resulting evidence will provide those answers.

In the meantime though, and until the scientific data is accumulated, assessed and answers to the many complex questions are available, NCOA is concerned with arbitrarily setting a three-year period for the payment of compensation. NCOA prefers that the results of the scientific research dictate the payment of compensation. If that research takes more than three years, then Persian Gulf veterans should continue to be given the benefit of the doubt.

CONCLUSION

As indicated at the beginning of our testimony, NCOA is grateful for today's hearing. The efforts of the distinguished Chairman, subcommittee members and Congress to address the concerns and needs of Persian Gulf War veterans and their families are laudable. NCOA thanks you for what you have done and for what we know you will do in the future.

Thank you.

STATEMENT OF PHILIP R. WILKERSON, ASSISTANT DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE SUBCOMMITTEE ON COMPENSATION, PENSION AND
INSURANCE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
JUNE 9, 1994

Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates the opportunity to share its views with you on H.R. 4386, the "Veterans' Persian Gulf War Benefits Act" which was introduced by Chairman Montgomery on May 11, 1994.

The stated purpose of the bill is to enable VA to compensate veterans suffering from illnesses attributable or related to service in the Persian Gulf theater of operations during the Persian Gulf War and to provide for increased research into the illnesses reported by Persian Gulf veterans to ensure they receive proper medical treatment. This measure is in response to the fact that a substantial of these veterans continue to experience serious medical problems which began during or shortly after their return from active duty in the Persian Gulf War.

Over the past 3 years, The American Legion has become increasingly concerned by the continued inability of the Federal government to determine what happened during the Persian Gulf War to make so many of these veterans ill and to provide them appropriate and effective medical treatment. This is despite the enactment of several pieces of legislation establishing the Persian Gulf Registry program as well as special medical treatment and research initiatives. In addition, VA has centralized the adjudication of all disability claims based on Persian Gulf environmental hazards at the Louisville VARO. Out of the 1,834 claims which have been adjudicated to date, only 310 have been allowed and 1,933 cases are still pending. According to VA, the main reasons for denial have been that no specific disability resulting from exposure to an environmental hazard or hazards was claimed, or that a disability is not shown by the evidence of record, or that the condition claimed was acute and transitory without residual disability.

In view of current problems facing many Persian Gulf veterans and VA's inability to adequately respond to their needs, The American Legion supports the concept of mandating by statute the payment of compensation to Persian Gulf veterans for the disability associated with medical problems which appear to be related in some way to their military service in the Persian Gulf.

Currently, many of these disabled veterans find themselves unable to establish entitlement to service connection for their disability because the specific etiology of the condition or cause for the various symptoms reported has not as yet been clearly identified or defined. Without a change in the current presumptive provisions of Title 38, United States Code, these individuals could otherwise be forced to wait years for the science to catch up to the VA claims process.

Mr. Chairman, we would like to preface our comments on the provisions of H.R. 4386 by calling the Subcommittee's attention to the long and difficult battle to have the long-term health effects of Agent Orange finally recognized and to establish a mechanism whereby disabled Vietnam veterans can be service connected and compensated. The fact of the matter is that the Vietnam War officially ended back in 1975. However, it took 15 years of intense and protracted debate before the Agent Orange Compensation Act of 1991 (PL 102-83) was enacted into law.

Prior to 1991, the claims of disabled Vietnam veterans and their survivors were routinely denied because there was no presumptive provision in the law under which service connection could be recognized for any disease or disability as being related to Agent Orange. Similarly claims for direct service connection were routinely denied on the basis there was no scientific or medical evidence that Agent Orange caused any disease or disability.

Experience has shown one of the major stumbling blocks to resolving the issue of presumption and entitlement to service connection for disability and death due to herbicide exposure has been and continues to be VA's failure to conduct the type of major epidemiological study necessary to clearly and definitively address all of the health-related issues associated with Agent Orange. The few, small scale, piecemeal studies that were conducted by VA provided only inconclusive data on the possible relationship between Agent Orange and certain diseases.

However, by the late 1980's, reviews of the medical literature provided increasing evidence of identifiable long-term health consequences associated with herbicide exposure.

Although the Agent Orange Compensation Act of 1991 afforded a presumption of exposure to Agent Orange based on service in Vietnam, recognition that a particular disease is related to such exposure, other than those listed in Title 38, United States Code, section 1116(a)(2), was made dependent upon a determination by the Secretary of Veterans Affairs. The statute specifies that the Secretary's determination is to take into account the reports of the National Academy of Sciences and all other available sound medical and scientific information. To date, a limited number of Agent Orange-related diseases have been incorporated into Title 38, Code of Federal Regulations, section 3.311a.

Clearly, progress has been made toward compensating some of the many Vietnam veterans who, through no fault of their own, were exposed to hazardous chemicals and who may later have become disabled or died as a result. However, there are many others for whom the battle to seek just compensation for Agent Orange-related illness and death is still ongoing.

The American Legion believes the current list of diseases in Title 38, United States Code, section 1116 and Title 38, Code of Federal Regulations, section 3.311a is far from definitive. VA's piecemeal approach to periodically considering whether or not certain diseases should or should not be included has resulted in many diseases for which there is equally valid scientific evidence of a relationship to Agent Orange being omitted or excluded from this list.

As an example, VA has recognized only 9 diseases and cancers, thus far. Soft-tissue sarcoma is one of the recognized cancers. However, of the 120 soft-tissue sarcomas described in the medical literature, VA, for its own reasons, limits recognition to just 20. In addition, the Agent Orange Act specifically excluded chondrosarcoma (cancer of the cartilage) as not being a soft tissue sarcoma or multiple myeloma. In our view, it is questionable why sarcoma of the cartilage should not be included, since it is very closely related to a soft tissue

sarcoma which involves the muscle tissue and and a multiple myeloma which involves the bone tissue.

Mr. Chairman, in light of the many hard lessons learned in the course of the development and implementation of the Agent Orange compensation program, we believe first and foremost that Persian Gulf veterans must have the same rights as other veterans in claims for VA benefits. We are, therefore, concerned that certain limitations and restrictions contained in H.R. 4386 may make it difficult, if not impossible, for many sick Persian Gulf veterans to have their claims favorably adjudicated. As with the Agent Orange issue, we are convinced the question of the etiology or cause of the varied symptoms and disability affecting numbers of Persian Gulf veterans will not be resolved unless and until there has been an appropriate epidemiological study. The absence of data on the long-term health effects of Agent Orange on Vietnam veterans continues to be a significant problem with respect to many of the unresolved health care issues from that war. The American Legion does not want to see the same types of mistakes made again for the current generation of war veterans.

With respect to H.R. 4386, while the intent of the legislation is clear, we have a number of concerns with certain provisions of this proposal.

Overall, there is a confusing variety of terms used in referring to the problems of the Persian Gulf veterans. These terms include: "disability"; "disabilities"; "illnesses"; "symptoms of illnesses"; "disease entity or syndrome"; and "undiagnosed illness or a combination of undiagnosed illnesses". We believe that in order for VA to develop an effective set of implementing regulations on Persian Gulf claims, the legislation should broadly define the health problems experienced by these veterans as "disabilities", recognizing the fact that their etiology has not as yet been determined. The legislation should also include clear-cut guidelines on how such disability is to be evaluated and ratings assigned.

VA has a dual responsibility to these veterans. It must be able to provide them appropriate medical care and treatment. The lack of progress in this area by VA to date highlights the need to make research into the causative factors and development of effective treatment modalities a high priority. VA also must properly adjudicate the claims

of Persian Gulf veterans based on current medical evidence. In this respect, VA currently has the administrative authority to issue new guidelines or modify existing instructions, as necessary, in order to rate the extent to which these veterans are disabled. Chronic fatigue syndrome is an example of how certain previously ill-defined conditions can, in fact, be described and rated.

In legislating the modern program of disability compensation, Congress, in its wisdom, has not required the veteran to "prove" that his or her disability was directly caused by military service only that it was coincident with such service or that it became manifest to a degree of ten percent or more within an applicable presumptive period. Over the years, a number of presumptions added to the law reflecting advances in the fields of medicine and science as to the short- and long-term effects of various diseases and health hazards. Service connection may now be granted for certain disabilities, such as for most chronic conditions if becoming manifest to a degree of ten percent or more within twelve months of separation from service, three years for Hansen's disease, and seven years for multiple sclerosis. For diseases related to radiation, Agent Orange, and the POW experience, there are specific presumptions which apply. These presumptions are intended to assist a disabled veteran to establish a claim for service connection without having the often impossible legal burden of proving that a particular disease or disability is related to service.

Section 2 of the bill sets forth a series of Congressional findings with respect to potential health hazards of service in the Persian Gulf theater of operations. Among other things, these findings address the fact that, under current law, service connection is not being granted by VA for many of the medical problems affecting Persian Gulf veterans. Up to this point in time, there has been much speculation and theorizing, but little medical knowledge as to the specific cause or causes for the variety of medical problems being reported. In particular, these Congressional findings highlight the critical need for further research and study to ensure these ill veterans are appropriately compensated and that they receive necessary medical treatment.

Such expressions of Congressional concern and intent for this type of program are important in providing VA with

necessary guidance when it comes to the practical matter of paying disability benefits.

These findings, however, fail to recognize the fact that the wives and children of many of these veterans have developed medical problems which may well be due to the veteran's service in the Persian Gulf. This is an issue which we believe must be addressed in any legislative initiative dealing with medical research and the health care needs of Persian Gulf War veterans.

Section 3 states the several purposes of this Act. Specifically, it would authorize the Secretary to provide compensation for a period not to exceed 3 years to Persian Gulf War veterans who suffer disabilities resulting from illnesses that cannot now be diagnosed or defined, and for which other causes cannot be identified.

The American Legion is opposed to any such limitation on the period of entitlement to compensation provided to Persian Gulf War veterans under this program. We do not believe the Persian Gulf disability issue involves circumstances so new or unusual as to warrant the imposition of an arbitrary period of entitlement to compensation for any condition which has been recognized by VA as "service connected". Conceivably, under this proposal, if after three years we still do not understand the causative factors involved, service connection could be terminated or benefits reduced to zero or both. This does not provide for the possibility of long latency periods for certain cancers.

This type of approach to compensating obviously disabled veterans, in our opinion, would establish an undesirable legislative precedent. Currently, following the grant of service connection, the degree of disability is rated under a particular diagnostic code or by analogy, as set forth in Title 38, Code of Federal Regulations, Part 4 - Schedule for Rating Disabilities. The percentage of disability assigned it is always subject to periodic reevaluation by VA.

The second stated purpose of this measure is to require the Secretary to develop case assessment strategies and definitions or diagnoses of Persian Gulf illnesses. A series of program initiatives to be undertaken by VA to accomplish this purpose are included in section 4 of the bill. While we support the emphasis provided by this

provision, it appears this requirement may be unnecessary. In our opinion, the action called for should be part of the regular process of developing appropriate implementing regulations and guidelines. As with the recognition of any new condition or disease, this would include, but not be limited to changes in the Adjudication Manual (M21-1), changes to the Rating Schedule to provide for either new diagnostic codes applicable to Persian Gulf War disabilities or instructions on rating by analogy based on the predominant symptomatology, as well as special rating criteria to be used in assessing the severity of impairment, such as mild, moderate, severe and total, and the related percentage of disability.

The third stated purpose would be to promote greater outreach to Persian Gulf War veterans and their families to inform them of the services and benefits to which they are entitled. Assuming the enactment of this measure in its present form, we question the required expenditure of critically short resources by VA at this particular point in time. We also foresee additional problems. Other than advising Persian Gulf veterans of the intent and temporary nature of this new program, there is little, if any, new information on the cause or causes of their medical problems or breakthroughs in medical treatment. Moreover, given certain restrictive requirements contained in legislation, VA would have to take great care to inform them that the actual granting of benefits would be far from automatic.

Section 5 would amend Title 38, United States Code, to add new section 1117 - Compensation for disabilities associated with Persian Gulf War. Under this provision, compensation would be payable for a chronic disability resulting from an undiagnosed illness (or combination of undiagnosed illnesses) that became manifest to a degree of 10 percent or more within one year after the last date on which the veteran performed military service in the Southwest Asia theater of operations.

We have a number of concerns with the restrictive criteria which would be applicable to Persian Gulf disabilities. The standard which applies to most other types of disability claims provides that compensation is payable for a condition which was incurred during military service or which became manifest to a degree of 10 percent or more within 12 months of separation from active duty. Currently, the only disability which must become manifest

within one year of service in a specific geographic region is chloracne and we recognize that this limitation is consistent with the nature of this particular condition. However, in our view, there is no evidence or basis for imposing a similar restriction to the Persian Gulf War experience.

The proposed restriction also ignores the fact that of the approximately 657,000 individuals who served in Operation Desert Shield and Desert Storm, well over half are still on active duty or in the active reserves and National Guard. Even though there is a twelve month presumptive provision for chronic disabilities, this may not be sufficient, given the special nature and circumstances of this war. In particular, Persian Gulf War veterans who have remained on active duty or in the active reserves or National Guard have not been encouraged by their superiors to report illness or medical problems. Whether they sought treatment or not, many have been fearful of jeopardizing their status, since substantial numbers have already been discharged as unfit for further military service as a result of their Gulf War-related medical problems. Many other veterans have not sought treatment for personal and social reasons, such as a denial that they were "disabled"; fear of the reaction of friends, co-workers, their employer, and others to someone with the mysterious "Persian Gulf illness"; or the belief that the symptoms and problems they experienced were only temporary and would soon go away.

Furthermore, this provision would enable VA to deny a Persian Gulf War disability claim if there was "affirmative evidence" that the disability was not incurred during service in the Persian Gulf theater of operations. The term "affirmative evidence" is not further defined. The imposition of such restrictive criteria would not only severely penalize a veteran in developing a well grounded claim, but is contrary to the statutory provision of reasonable doubt and Court precedent regarding rebuttal evidence.

Section 6 of this measure would authorize a total of \$15 million in the period FY 1995-1997 for research into the health risks and effects of service during the Persian Gulf War and the development of effective means of treating any such health effects. Section 7 would authorize over this same period another \$15 million for a health survey of

Persian Gulf veterans. The purpose of developing this survey data is not specified.

The American Legion believes there is a definite need both for research into the problems affecting Persian Gulf veterans and the development of appropriate and effective treatment modalities. However, instead of allocating a total of \$30 million for a health survey and research, The American Legion recommends, in the strongest possible terms, that this legislation either be amended to instead mandate that VA conduct a comprehensive epidemiological study of Persian Gulf War veterans or that an alternative measure be developed providing for such a study.

We, therefore, offer for the Subcommittee's consideration the following comments and our proposal for an epidemiological study of the scope necessary to begin to address Persian Gulf War health-related issues.

With the initial deployment of American armed forces personnel to the Persian Gulf theater of operations during Operation Desert Shield through Operation Desert Storm and the eventual redeployment of most troops from the region, The American Legion has been deeply concerned by their possible exposure to a variety of known and unknown potential health hazards. Over the past 3 years, veterans of service in the Persian Gulf have reported a wide range of symptoms and health problems for which no specific cause or causes have thus far been pinpointed or identified. Meanwhile, VA is still trying to find ways to effectively treat their medical problems with many of these veterans becoming disabled to the point where they are no longer able to work at a civilian job or perform their military duties. Our concern has been further heightened by the fact that VA is still trying to address decades-old health issues related to Agent Orange.

At the special VA Medical Panel meeting in May 1993 on Persian Gulf veterans health problems, the American Legion urged the department to undertake an epidemiological study of the issue. One year later, little or no progress has been made toward addressing these still unresolved medical problems. More recently, during the VA special panel following the April 1994 National Institutes of Health Workshop on the Persian Gulf experience and health effects, it was recognized by several scientists/physicians on the panel that there was a need for a well-designed epidemiological study in order to determine the linkage of

service in the Persian Gulf to any current illnesses. To date, VA has not indicated whether or not it intends to conduct any such study.

Our specific recommendations for an epidemiological study are as follows:

1. Extent of Information Available on Military Activities.

The activities of the Persian Gulf War, including duty rosters and troop positions and movements, and the names of every participant is presently available. Therefore, no special research would be needed to develop and locate needed study subjects. The task is made easier by the fact that well over half of all Persian Gulf War veterans are still on active duty.

2. Analysis of Military Unit Movement and Coverage.

The U.S. Army and Joint Services Environmental Support Group (ESG) has for the past year been analyzing Persian Gulf War military records and tracking all units involved. They can provide the locations of units for use in selecting individual study subjects with potential exposure to hazardous substances that were present in the environment.

3. Study Subjects.

In the view of The American Legion's Science Panel which is composed of physicians and scientists with expertise in the field of epidemiology, a study cohort of 15,000 subjects drawn from combat and combat support units should be utilized. This would provide maximum data and the results with sufficient statistical power. Selection of the study group would have to be based on an experience of exposure to the fumes and smoke from military activities, oil well fires, diesel exhaust, toxic paints, pesticides, sand, depleted uranium, decontamination agents, chemoprophylactic agents, multiple immunizations, etc. Some troops are convinced they were exposed to chemical or biological weapons directly or indirectly. Recent hearings by the Senate Banking, Housing, and Urban Affairs Committee focused on the issue of whether or not pre-Gulf War exports of biological and chemical materials to Iraq may have contributed to the illnesses reported by U.S. armed forces. Selection of a cohort of 15,000 non-exposed study

subjects could be easily accomplished from active duty, reserve personnel and recently discharged veterans who did not serve in the Gulf.

4. Time Table for Selection of Study Subjects.

PL 102-25, the "Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act of 1991", established the Persian Gulf War period as beginning on August 2, 1990. Redeployment of most of the ground troops and support personnel was completed by about April 1991. Epidemiologists assigned to the development of the study protocol will determine the length of service time necessary for each subject to provide sufficient statistical power in determining a causal relationship of a particular disease or illness to such service. Overall, the time-frame to be studied is relatively short given the period of buildup, length of actual combat, and rapid redeployment.

5. Cost Savings.

H.R. 4386 proposes to authorize the expenditure of \$30 million dollars over 3 years on ill-defined research initiatives. The cost of the type of epidemiological study we are proposing is estimated to cost in the range of \$10 million. Given the substantial data which has already been developed by ESG, this amount should provide sufficient funds for a non-government entity to develop the appropriate study protocol and conduct a credible epidemiological study. Realizing that expenditures for physical examinations account for a major portion of a study's budget, VA and Defense Department medical facilities could be utilized to conduct the necessary protocol examinations which would result in overall cost savings.

6. Outreach.

In view of the fact that many of the potential study subjects would be drawn from active duty and active reserve and National Guard personnel, the military services could conduct the necessary outreach effort to these individuals at substantial cost-savings. The costs associated with outreach to discharge Persian Gulf War veterans would be modest.

To conclude, Mr. Chairman, in light of the foregoing comments, we hope this Subcommittee will consider the possibility of amending H.R. 4386 or developing alternative legislation which would be less restrictive and which will accomplish the task of providing fair and equitable compensation to disabled Persian Gulf War veterans. We believe that action must be taken in this session of Congress to both find the cause or causes of the Persian Gulf War veterans' medical problems and those of their families. Congress must also ensure that VA develops the necessary medical treatment programs, in the most expeditious manner possible and in coordination with the Department of Defense, other Federal health agencies, and non-government organizations.



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In Service to America

STATEMENT OF

VIETNAM VETERANS OF AMERICA

Presented by
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Legislative Advocate

Before the
House Veterans Affairs Committee

Subcommittee on
Compensation, Pension and Insurance

On Compensation Legislation
For Persian Gulf War Veterans
With Environmentally-Related Disabilities

June 9, 1994



★ A non-profit national veterans' service organization ★

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DISCUSSION

Mr. Chairman and members of the Subcommittee, Vietnam Veterans of America (VVA) welcomes the opportunity to present its views on legislation to provide compensation for veterans suffering from illnesses attributed to service in the Persian Gulf Theater. These veterans and their families have undergone health effects that have debilitated their well-being, physical, emotional and financial. They need to know what is wrong with them right away, and they need both care and compensation now.

VVA wants the next generation of veterans to get the care and compensation it needs, for we have pledged that never again shall another generation of veterans go forgotten. Our brothers and sisters served in the Gulf, as did our sons and daughters. What we have seen in the government's response to the "Desert Storm Syndrome" is a pattern of evasion and irresponsibility that seems modelled upon our own experience with Agent Orange, though the maladies are far different and strike with alarming speed.

THE VETERANS' PERSIAN GULF WAR BENEFITS ACT (H.R. 4386)

We were heartened to see Congress take up the initiatives put forth in H.R. 4386, the "Veterans' Persian Gulf War Benefits Act." The bill makes a number of useful contributions. Section 2, the Congressional Findings will establish in legislation that Congress finds a connection between exposure to a number of environmental hazards and the illnesses so widely reported in the press. What is more, the findings themselves are substantially correct statements.

Likewise, the bill's stated purposes are providing compensation, developing diagnostic strategies, promoting greater outreach and promoting research. These four goals are, in general, worthwhile. But the bill is general where it ought to be specific, specific where it ought to be general, and cannot accomplish much that it aims to do.

General Where It Ought to be Specific

The bill is general where it ought to be specific in that, as was so often true of early legislation aimed at easing Vietnam veterans' complaints about Agent Orange, it sets so few standards for the Department of Veterans Affairs (VA) to meet. There are no outreach standards at all, nor any deadlines for VA to meet in establishing case assessments or diagnostic standards. VA is tasked to develop and implement a uniform case assessment protocol and to "seek to complete" the development of case definitions "at the earliest possible date." Who can guess when that would be? Our experience is that giving VA a task without measures and deadlines is overly optimistic.

Specific Where It Ought to be General

The bill is specific where it ought to be general in that, as was also often true of early legislation aimed at easing Vietnam veterans' complaints about Agent Orange, it is too restrictive in an area where most of the knowledge has yet to be derived. The worst example is the requirement that compensation be provided only to veterans who exhibit and report some mysterious ailment within a single year of leaving the Gulf theater. That would give us a fixed, known population of eligible veterans, but it would not match the experience of the population of veterans with Gulf-related health problems. In short, we would know the names of all the compensable veterans, but not that we are compensating all of those we need to compensate. Mystery diseases have no set period of germination.

H.R. 4386 seems oddly out of tune with what we already know from testimony before this Subcommittee and others just one year ago. As this

Subcommittee heard on June 8, 1993 and as Mr. Evans' Subcommittee on Oversight and Investigations heard on June 9, 1993, Gulf veterans still on active duty have been reluctant to report their illnesses, while discharged veterans have often been unable to have their requests for service-connected health care recognized.

Even so, a year later, H.R. 4386 requires the payment of compensation only to veterans who suffer undiagnosed illnesses "that became manifest... within one year after the last date on which the veteran performed active military, naval, or air service in the Southwest Asia theater of operations while on active duty." Such a test excludes veterans who failed to come forward, and it may exclude those brushed aside, who were unable to document their illnesses in time. It closes the door on every veteran whose illness developed more than a year after he or she served in the Gulf.

Rigidities and Restrictions

Another rigidity in the bill is that it does not allow veterans to use independent medical experts or the testimony of other veterans in establishing their claims. This is especially important, as Vietnam veterans have found in the past two decades, in establishing claims for environmentally-caused health defects. It would be difficult enough to establish service-connection if these invisible bullets felled soldiers on the spot. They do not. They develop over time, like weeds, and those who are afflicted frequently need testimony from their comrades of specific incidents, as well as testimony from specialists of various kinds. This is especially true when Gulf veterans' military records do not document potential chemical and biological weapons exposures, nor the ingestion of experimental drugs aimed at defending against such agents.

The Veterans' Persian Gulf War Benefits Act is also restrictive in its language, often assuming that we know what we do not. Until we know the precise cause of the Gulf veterans' conditions, promising to compensate those with "illnesses" and "diseases" may be unduly narrow. Many Gulf veterans are experiencing a set of symptoms which have not been diagnosed as a specific "illness" or "disease." Authorizing compensation for those who served in the Gulf area during the hostilities may do injustice to afflicted personnel who missed the actual hostilities, but were nonetheless affected by the region's toxic environment in related activities.

A Limit of Three Years

Worst, we think, is the set limit of compensation for three years. Why three years? We would be pleased to assure these veterans that their symptoms will go away in that time period, but we cannot. We cannot even promise that we will have answers in three years. Nor can we be sure that they will last so long. This provision feels, like the one setting the effective date of this measure for the beginning of compensation rather than the date of the claim, like second-rate compensation done on the cheap, one that we would never dream of offering veterans disabled by gunshot or shrapnel. There is no other case of term limits for service-connected disabilities, and we oppose creating them for Gulf War veterans. This is a radical provision.

Would veterans whose claims have been denied spend most of their limited period of eligibility in the appeals backlog at the Board of Veterans Appeals (BVA), where claims on appeal can wait 3-4 years for resolution? Would they be paid of retroactively, or just for the part of their 3 years after resolution of their claim?

The bill's research provisions are equally confounding. VVA is strongly opposed to having any government agency -- least of all DVA or the Department of Defense (DOD) -- conduct such a study. Twenty years of tainted, dishonest studies by government agencies blocked the way to legitimate compensation for

Agent Orange-related diseases, and it was not until Congress mandated a review of relevant studies by the independent National Academy of Sciences that we got a fair and honest hearing of all of the evidence.

To spend \$5,000,000 on research with no focus cannot contribute much. What is sorely needed -- and absent from this bill -- is an epidemiological study. However, VA could gather information that would aid such a study by taking complete service information on every veteran who files a claim or seeks treatment arising from the Gulf conflict. This might give a purpose to the survey of Persian Gulf veterans called for in Section 7.

With respect, VVA finds the Veterans' Persian Gulf War Benefits Act a confusing bill with a confusing name. It means well, but we doubt that this legislation can deliver what it intends. The bill creates a separate class for adjudication by limiting the period of eligibility and the period for reporting. It eliminates from coverage many who should be covered, and it hands out money for research without really asking any specific questions.

THE PERSIAN GULF WAR VETERANS COMPENSATION ACT OF 1994

The Persian Gulf War Veterans Compensation Act of 1994 is -- a bill we expect to have been introduced by the time this testimony is presented -- pays attention to the needs of afflicted Gulf veterans and to the legislative details needed to accomplish its aims. Its Congressional findings are sharply accurate. Its goals are similar to those of H.R. 4386, but each of the four is right on the mark: it sets no time limit for compensation, but gives VA specific deadlines for developing case assessment protocols and case definitions; it specifies that VA outreach efforts shall include a newsletter and a hotline, and it requires that an epidemiological study be done.

Wherever H.R. 4386 is hazy -- generally in giving directions to the VA -- the Persian Gulf War Veterans Compensation Act of 1994 is clear. VVA agrees with the specifications for VA outreach, though we would like to see the newsletter published twice a year as a minimum rather than once. And VA's recent embarrassment over being unable to publish regulations governing homeless veteran program grants illustrate that the 120 and 180 day deadlines for developing case assessment protocols and case definitions need to be legislated.

A Realistic Outreach Program

VVA also supports the aggressive, specific outreach program detailed in the Persian Gulf War Veterans Compensation Act of 1994. Too little has been done to make Gulf War veterans aware of services available to them, to inform them of the Persian Gulf War Veterans Health Registry, and to keep them up to date on scientific findings. Requiring the VA to set up an 800 number within a specified time period and delineating certain kinds of information it must supply are essential steps taken in the bill. VVA assumes that "establishment of a toll-free telephone number" as mandated in the bill includes publicizing its existence, providing adequate equipment and personnel to make it functionally efficient, and that one of its duties is to take information from callers for the Persian Gulf War Veterans Health Registry. Even so, it might be useful to add such language.

Compensation

The most important section of the Persian Gulf War Veterans Compensation Act of 1994 is the section detailing compensation. The time period of three years for disabilities to manifest strikes the balance between prudence and allowing for the unknown. Testimony before this Subcommittee has made clear that a period of one-to-three years is appropriate, based on what we know now, though we assume that Congress and veterans will remain vigilant in case a longer period subsequently turns out to bear a reasonable assessment of service-connection.

The bill's requirement -- missing altogether in H.R. 4386 -- that the Secretary of Veterans Affairs issue preliminary compensation regulations shows an understanding of how Congress can work with VA to get results in a timely manner. The rating scales that the bill would impose set modern standards for impairment, and the requirement that the Secretary consider "lay evidence," including testimony by the claimant, supporting witnesses, and independent medical experts, sets a standard that is essential in cases of environmentally-caused disability. We might add that using the testimony of the claimant rather than solely relying upon the decisions of administrators in central offices is a brilliant adaptation of what has always been applied in simpler cases of veterans benefits law.

The Secretary of Veterans Affairs

We might note here that Secretary Brown has shown himself strongly in support of VA policies that support Gulf War veterans, as befits his record of taking imaginative steps on Agent Orange, homeless veterans, adjudication, health care reform, and a variety of other issues contending for his decisions. When VVA calls for specific legislation such as appears in the Persian Gulf War Veterans Compensation Act of 1994 that gives VA firm direction, it is because we have learned that detailed direction is important. The VA has too long been a bureaucracy almost impenetrable to change, and arming the Secretary with statute law increases his chances of getting things done. VA has too long been given Congressional direction without teeth, and the Persian Gulf War Veterans Compensation Act of 1994 demonstrates how Congress may set agendas and see them realized. We have learned from the fifteen years of agony in dealing with Agent Orange how to keep these younger veterans from suffering from past mistakes. We will not make the mistakes of the past the mistakes of the future.

Nowhere is the use of clear direction more important than in the provisions both bills make for allowing the Secretary to cease payments as a result of new science. H.R. 4386 requires the Secretary to cease payments to veterans the month after determining -- on his or her own -- that a given disability is not related to service in the Gulf War. Given VA's unwillingness to compensate for any of these conditions without Congressional prodding, such license is dangerous. The history of bad science resulting in bad policy with regard to Agent Orange demonstrates government's willingness to seize upon any scientific study as an excuse to deny benefits.

In contrast, the Persian Gulf War Veterans Compensation Act of 1994 also allows future science to demonstrate that a compensable condition has no connection to military service, but only after the Secretary reports his or her intentions to Congress, and after a 90 day period that allows full discussion of the decision.

The Persian Gulf War Veterans Compensation Act specifies a presumption of service-connection upon which compensation must be based. It also requires the VA to pursue previously denied claimants. We find these steps important.

Research Provisions

The Persian Gulf War Veterans Act of 1994 also includes three clearly-thought-out research provisions. The first would require the Secretary to enter into an agreement with the Secretary of Defense that would share diagnostic and treatment information on afflicted Gulf War veterans whether they have left the military or remained on active duty. VVA also recommends taking complete medical and service histories -- including exposure to caustic and toxic agents -- from every Gulf War veteran who applies for either treatment or compensation. Let us at least show an interest in them. Such complete information will allow us to determine commonalities in a retroactive study at relatively little added cost. We can build on the beginning that the Persian Gulf War Veterans Health Registry

has given us.

The requirement that VA contract with the National Academy of Science for epidemiological research and report on the status of such a contract to Congress within a specified time has all the important elements to make such research worth conducting. It specifies epidemiological research, which is generally agreed to be the research most needed, and it requires an unbiased non-governmental entity. Most important, it sets time limits and keeps the Secretary responsible to Congress as the mandating branch of government. The budgetary arrangements allow discretion, and are realistic in authorizing more money over a longer period than H.R. 4386. The authorization in Section 9 of additional research funds that may be used for research as deemed most necessary as the future unfolds is also wise.

Conclusion

When all is said and done, these are compensation bills, and it is as compensation bills that they must be compared. H.R. 4386 is a radical bill, while the Persian Gulf War Veterans Compensation Act of 1994 falls clearly into line with the body of veterans benefits law. These kids are going broke because they can't perform their jobs, because they need private care.

H.R. 4386's most radical provisions are its time limits. For example, the Vietnam War has been over for 19 years, but a Vietnam veteran can apply for benefits today for a complete range of service-connected disabilities, whether they be conditions stemming from wounds reported in 1967 or PTSD from a battle in 1968 or an illness contracted in 1970 or an injury in 1971 that seemed too unimportant to report at the time. Such claims may be difficult to establish, but if the connection is made, the veteran must be paid. Service connection is service connection.

Not so with H.R. 4386. Unlike the body of veterans benefits law, it sets up a narrow limit of a single year in which the condition must have both occurred and been reported. No other disability requires that. And the bill compensates for only three years, as if the condition must surely clear up three years after benefits checks start. No other disability requires that.

Such a limitation is illogical and cruel. One soldier goes to the Gulf, trips over a tent stake in the dark and receives benefits the rest of his life for a back injury. Another serves throughout the conflict and after two years is unable to work for the rest of her life because of a mystery ailment, and gets not a dime in compensation. A third survives intense fighting uninjured except by chemicals, and though he, too, never holds a job again, he receives compensation for three of the sixty years left to his life. It makes no sense.

We have heard it argued that the Persian Gulf War Veterans Compensation Act of 1994 is simply a rewrite of H.R. 4386 with all the details thought through, a bill in final form. We agree. Good impulses lay behind the drafting of H.R. 4386, and VVA appreciates them. However, the completed legislation is the other bill. We urge you to adopt the Persian Gulf War Veterans Compensation Act of 1994.

Mr. Chairman, this concludes our testimony.

Statement of Lieutenant Colonel James C. Rodenberg, USAF (Ret.),
Legislative Counsel of the Reserve Officers Association of the
United States, for the Subcommittee on Compensation, Pension and
Insurance, House Veterans Affairs Committee, regarding the
Veterans' Persian Gulf War Benefits Act--9 June 1994.

Mr. Chairman and Members of the Subcommittee:

On behalf of the many members of the Reserve Officers Association from each of the uniformed services, I appreciate this opportunity to present the association's views regarding legislation which would make additional funds available to conduct further research into the causes and symptoms of maladies being suffered by numerous veterans who served in the Persian Gulf War and to provide compensation to those veterans suffering from disabilities resulting from illnesses attributed to their service in Southwest Asia.

The Persian Gulf Syndrome, as it has come to be known, is a painful chapter in military history. It has caused physical and mental anguish to those who have acquired the malady or maladies and their friends and loved ones and has been distressing to those who feel that the government's response to the health related problems associated with Persian Gulf War has been inadequate.

That there has been a perceived lack of positive and aggressive reaction to the Persian Gulf Syndrome on the part of the Departments of Defense and Veterans Affairs is not without reason. The difficulty in diagnosing the disease or diseases from the indistinguishable symptoms exhibited and the inability to clearly identify a cause or causes are justifiable grounds for a great amount of caution. The failure to accurately diagnose the malady or identify the cause would certainly not have been in the best interest of the victims of the Persian Gulf Syndrome.

On the other hand, failure to respond promptly and compassionately to the needs of those who sacrifice to serve in the defense of their country is inappropriate. In addition to the moral obligation our country has to meet the needs of those who have served, there has to be a concern that callousness sends an unacceptable message to those who continue to serve in our nation's

uniforms and the volunteers who will be needed to fill the ranks in the future.

Faced with growing deficits, there has to be a concern, that in addressing the needs of those who suffer as a result of having served in the Persian Gulf theater, we not create wasteful or giveaway programs. But there seems to be a consensus that if we are to err it should be on the side of those who have demonstrated a willingness to risk their lives and fortunes in serving their country.

The Reserve Officers Association has heard the concerns but has exhibited some of the ambivalence characteristic of the nation's reaction to the Gulf War Syndrome. A significant number of ROA's members served in *Desert Shield/ Desert Storm*. Soon after Reservists returned from their service in the Persian Gulf, the association began receiving reports of maladies that were difficult to explain, and there were complaints that DoD was not adequately addressing the needs of the individuals afflicted. It can be noted, however, that the Reservists in question were not seeking ROA assistance as might have been expected. In fact, gathering specific information on the health status of those who served in the Persian Gulf theater has not been without some effort on the part of ROA's national staff.

Though there appears to be a real concern within the membership, ROA currently does not have a clear mandate in the form of a policy resolution on this issue. We do now have a proposed resolution, adopted by one of our larger departments, to consider at our upcoming convention.

Given the seriousness of the illness and the importance of its treatment, and given how difficult it is to diagnose and to identify a cause, the Congress and specifically members of this subcommittee are to be commended for the aggressiveness with which they have addressed the health problems associated with having served in the Persian Gulf. Public laws 102-585 and 103-210 are both important measures in finding answers to health questions related to service in the Persian Gulf and in meeting the needs of

those afflicted. The Veterans' Persian Gulf War Benefits Act (H.R. 4386), which is being considered here today, is a clear recognition that not all veterans have received needed treatment and appropriate compensation as a result of illnesses contracted while serving in the Southwest Asia theater.

H.R. 4386 would resolve the necessity for showing a relation to duty by presuming service connection for chronic disabilities that resulted from undiagnosed illness which impairs one's capability by 10 percent or more within one year after serving in the Persian Gulf theater. The bill builds in some protection from abuse by specifying that service connection would not be presumed if there were definitive evidence either that the disability was not incurred during service in the Persian Gulf or that the veteran suffered an injury or illness that is a recognized cause of the disability after leaving the theater.

While ROA is not prepared to recommend that benefits be provided those whose illness is manifested after one year, the requirement that the illness be noted within the first year may not allow sufficient time to include all those who are suffering from illness acquired while serving in Southwest Asia. The association was contacted by an individual who attributes his illness to his service in the Persian Gulf but who did not experience symptoms in the first year following his return. The measure being considered would thus exclude his being eligible for benefits.

Given the paucity of reliable medical evidence, the difficulty in diagnosing maladies associated with service in Southwest Asia and the inability to identify a cause, the interim authority this bill would provide has great merit. ROA strongly believes that until the illness and its cause can be better identified--and hopefully a cure can be found--Persian Gulf veterans deserve the benefit of any doubt.

Again, ROA is grateful for this opportunity to comment on this important issue, and I will be happy to answer any questions that you might have regarding our views.

STATEMENT OF
DENNIS M. CULLINAN, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

VETERANS PERSIAN GULF WAR BENEFITS ACT H.R. 4386

WASHINGTON, D.C.

JUNE 9, 1994

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.2 million men and women of the Veterans of Foreign Wars, I wish to thank you for inviting us to participate in today's hearing addressing legislation to provide compensation to veterans suffering from chronic disabilities due to their service in the Persian Gulf. Additionally, H.R. 4386 would authorize appropriations for research into this matter as well as calling for the rapid resolution of case assessment strategies. The VFW continues to be deeply concerned with and actively engaged in pursuing the provision of appropriate compensation and health care to sick and disabled Persian Gulf veterans. We therefore strongly support the legislation under discussion today, H.R. 4386.

Mr. Chairman, as you are aware, the VFW is adamant that those who served in the Persian Gulf not suffer the same neglect and denial with respect to the government's properly caring for their special service-connected disabilities as did their counterparts from the Vietnam War. It is now a certainty that many veterans who served in the Persian Gulf are suffering from an array of problems and disabilities that are the result of their service in that war. Regardless of how many forms the "Persian Gulf Syndrome" may assume or whether or not the exact cause is ever precisely determined, the VFW insists that this nation honor its moral and statutory obligation to these combat service-disabled veterans. H.R. 4386 is an important step toward

affording Persian Gulf veterans the care and compensation which is their due.

At this juncture, the VFW would make several recommendations with respect to the particulars and implementation of this important legislative initiative. To begin, if enacted into law, we believe it important that this Subcommittee carefully monitor the implementation of H.R. 4386 so that it is fully carried out in both spirit and letter. The fact that the implementation of P.L. 103-210, calling for the provision of priority care to Persian Gulf veterans, has been less than sterling bears witness to the need for such attention. Another concern the VFW has with H.R. 4386 itself is the requirement that a given disability must have manifested to a degree of 10 percent or more within one year after the last date on which a veteran performed active service in South west Asia. Since, as the legislation states, many diagnoses are not now known, there is a possibility that some illnesses may not have manifested to a degree of 10 percent within a year of service. Further compounding this problem is the fact that there is as of yet no over bridging "case-definition" of the Persian Gulf Syndrome. This means that even if a given disability manifests within the one year period a veteran may not be aware that it is attributable to his or her service in the Gulf, nor would it be recognized as such by VA. Thus, the VFW recommends a longer manifestation period.

Another area of concern is that while we support a coordinated DOD/VA effort in resolving this issue, it may be preferable to assign VA as the lead agency in this regard. Given past DOD recalcitrance in fully investigating this matter we deem it preferable to give VA the lead role in this area given the Department's positive performance thus far.

Another VFW concern with respect to H.R. 4386 is that it would only authorize the secretary to provide compensation for a period not to exceed three years to Persian Gulf War veterans for illnesses that cannot now be diagnosed. While we strongly support the provision of compensation to these veterans we do not

believe that a time limit should be placed on their compensation. We believe that compensation should be provided to such veterans until such time there is clear scientific evidence that their disability is not related to Persian Gulf Service. It would be grossly unfair to provide a disabled veteran with VA compensation for a period of years and then to suddenly take it away even though the evidence associating the disability with Persian Gulf service is just as strong and when compensation was awarded.

The VFW strongly supports the bill's promotion of a greater outreach to Persian Gulf veterans and their families. It is the VFW's assessment that many Persian Gulf veterans are not aware that may be suffering from a service related disability, and that many more are not aware of the services and benefits to which they are entitled. Thus we are in favor of enhanced outreach. Further, the VFW also strongly supports the provision of H.R. 4386 that authorizes ongoing appropriations of \$5 million for FY 1995 through 1997 to conduct research into the health risks and effects of service during the Persian Gulf. The VFW would only ask that this Subcommittee and, indeed, the entire Congress work to ensure that such authorized funds are in fact appropriated so that such research is not to the detriment of other underfunded VA programs.

The last issue I would address here pertains to the apparently prevalent view in the Congress of ruling out exposure to chemical/biological warfare agents in the Gulf as a possible cause of certain disabilities. While the VFW itself is far from convinced that such exposure occurred, it should not be ruled out altogether as a possible cause. Many veterans still claim such exposure is at the root of their disabilities and they should continue to be given the benefit of the doubt. We note that H.R. 4386 does not specifically name such agents among its exposure findings. While evidence would seem to be mounting that such exposure did not occur, we do not wish to see it prematurely relegated to the realm of the impossible.

The most fundamental issue here, however, is that numerous veterans of the Gulf War are suffering from some type of ailment or ailments due to their service in the Gulf. These veterans need and deserve help and they need and deserve it today. The VFW views H.R. 4386 as a strong, appropriate step toward realizing this most important goal. Mr. Chairman, this concludes my statement. I would be happy to respond to any questions you may have.

STATEMENT OF LORI ROSALIUS
TO THE SUBCOMMITTEE ON COMPENSATION, PENSION
AND INSURANCE
HOUSE COMMITTEE ON VETERANS AFFAIRS
JUNE 9, 1994

Mr. Chairman and members of the Subcommittee:

I served in the military during Operation Desert Shield/Desert Storm in 1991. I was in-country for 6 1/2 months. During my tour of duty in the Middle East I developed sores and rashes on my back and had a chronic cough while in-country.

Within a month of my return stateside, I started to develop severe headaches, extreme hair loss, extreme fatigue, joint pain, memory loss and my speech even got slurred for a period of time.

In the past three years, I have dealt with this unknown illness and have gone to my local VA hospital. I consider myself one of the lucky veterans that has been afflicted with this unknown illness, as I have been in remission from these strange symptoms. I still have relapses, but they are not as severe as the episodes when I first returned from overseas.

Mr. Chairman, I have recently read in the newspapers and heard from other veterans that you have introduced a bill, H.R. 4386, which would provide interim compensation for Gulf War veterans who are afflicted with "Persian Gulf Syndrome." I believe this is wonderful idea and I appreciate your continued concern with our illness. However, I have some concerns of my own about the legislation. I feel the measure is vague, restrictive and misleading, and would not accomplish its stated goals.

H.R. 4386 calls for the establishment of case assessments, diagnostic criteria and an outreach program. While these provi-

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sions are all very commendable, the bill leaves the time-frame for such actions entirely at the discretion of VA. In addition, there are no specific requirements concerning outreach to Persian Gulf War veterans.

Compensation under this bill could only be provided to those veterans who exhibit and report Persian Gulf Syndrome ailments within one year of leaving the Southwest Asia theatre of operations. I have three major concerns with this provision:

- o There is no evidence to indicate that all the illnesses exhibited by Gulf War veterans are manifested within one year. This creates a new standard in claims adjudication. The standard on which other veterans are judged is their date of discharge.
- o As the Committee has heard, active-duty personnel are encouraged not to report illnesses or ailments which appear because of Gulf War service. This means that many Gulf War veterans may not have reported their illnesses within the one-year time period.
- o Finally, there are no provisions in the measure for allowing lay testimony or independent medical experts to substantiate such claims.

Under H.R. 4386, compensation could be provided according to VA's rating schedule for veterans whose mysterious illnesses justify a disability rating of 10 percent or more. There are two things to consider under this provision. The VA's current rating schedule has been established to assess the degree of physical/mental impairment a "disability" creates. There is no precedent for rating symptoms. In other words, this would be difficult to implement and allow claims decisions to be entirely subjective. Second, the legislative language states that "illnesses" and "diseases" could be compensated. Depending upon

VA's interpretation, this could prohibit compensation for a group of symptoms.

Also, the bill states that compensation would be provided to veterans who served on active duty in the Persian Gulf. There may have been some service personnel deployed to the Persian Gulf region on either active duty for training or inactive duty for training that are not covered by H.R. 4386. The measure also states that compensation would only be provided for a three-year period. It is my belief that, until the scientific evidence warrants otherwise, compensation should be awarded indefinitely rather than just for three years from the date of enactment.

Also, compensation would begin as of the effective date of this measure (October 1, 1994) rather than the veteran's date of claim. This provision could prohibit the awarding of retroactive benefits if other compensation legislation were to be passed in the future. In addition, it takes an average of 12-18 months for an original claim to be filed, examined and awarded by VA. Therefore, Persian Gulf veterans could spend much of the three-year period waiting for the adjudication of their claims. Finally, VA would not be required to review those cases which have already been denied unless an appeal was filed.

A final provision of H.R. 4386 would authorize \$10 million in Fiscal Year 1995 and \$5 million in FYs 1996 and 1997 for research into the "Persian Gulf Mystery Illness" and to conduct a survey of Persian Gulf veterans. I am concerned that the bill does not provide any focus for the type of research to be conducted, nor does it call for an epidemiological study of Desert Storm veterans. But most distressing to me is the fact that H.R. 4386 authorizes the funds to be used by VA in consultation with the Departments of Defense (DoD) and Health and Human Services (HHS). I feel it would be far more appropriate for the

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studies to be conducted by an independent scientific organization, such as the National Academy of Science.

I should stress to you, Mr. Chairman, that these are my personal concerns with H.R. 4386. I also want to thank you for all the hard work which you have done to help Gulf War veterans in their fight against this frightening, mysterious illness.

Statement of

Paul Sullivan
Atlanta Area Gulf War Veterans
307 Adair Street
Unit H-1
Decatur, GA 30030
(404) 377-3741

Thank you for the opportunity to offer testimony to the Veterans Affairs Committee of the House of Representatives about H.R. 4386.

I am a Persian Gulf War veteran who is ill. Several soldiers and I organized the Atlanta Area Gulf War Veterans as a result of mistreatment by the Department of Veterans Affairs and so we can facilitate and expedite treatment and compensation for fellow soldiers who are now ill due to toxic exposures during the Gulf War.

I am here to support the positive goals and intentions of H.R. 4386. This testimony contains two main sections. The first section demonstrates the need for H.R. 4386, and the second section lists a few suggested modifications in order to strengthen the implementation of H.R. 4386.

Suggestions to modify the legislation should not be considered as opposition to this important bill. Gulf War veterans are pleased with the effort of this committee on behalf of veterans, especially the legislation that established the Persian Gulf Registry and that mandated treatment for ill Persian Gulf War veterans.

THE NEED FOR H.R. 4386

There is an urgent need for legislation such as H.R. 4386. During the course of the Persian Gulf War, and since our return from Operation Desert Storm, it is documented that soldiers from Czechoslovakia, the United Kingdom, and the U.S. began suffering from a wide range of serious illnesses, and many of us have died. According to unverified media reports, as many as 400,000 have died since the war in Iraq due to both explained and unexplained causes.

Included among the very serious health problems now surfacing and threatening Gulf War veterans are cancers, respiratory problems,

severe chemical sensitivity, headaches, fatigue, rashes, and neurological problems, and many others.

According to an unnamed Department of Veterans Affairs physician, there may be as many as 150,000 ill Gulf War veterans. In addition, the spouses and children of many sick Gulf veterans are now suffering from similar illnesses as well as birth defects.

There are three major exposures: oil well fires, investigational drugs, and biological and chemical warfare. There are two recent Senate reports which document the consequences of these exposures.

As Senator Rockefeller's staff report dated May 6, 1994 points out, the "Department of Defense found problems with Pyridostigmine" Bromide, the investigational drug hundreds of thousands of Gulf War soldiers were ordered to swallow. Troops were used as unwilling laboratory test animals, and "caution was thrown to the wind," according to Sen. Rockefeller.

In a separate Senate report prepared by Senator Riegle, evidence was presented proving that United States and Coalition air force planes bombed Iraqi biological and chemical warfare storage and development sites. A large cloud of pathogens and toxins was then released into the atmosphere, and this cloud moved directly over American and Coalition troops. In addition, Sen. Riegle cited many instances where biological and chemical warfare agents were detected on the battlefield, and this is supported by evidence obtained by Senator Shelby during his trip to Europe and Southwest Asia.

According to the United Nations, a third type of disabling exposure to massive amounts of toxic airborne material took place when defeated Iraqi forces in Kuwait intentionally set more than 700 oil wells on fire, releasing as much as 6 million barrels of crude oil, smoke, and other hydrocarbons into the air each day.

Also during Operation Desert Storm, troops were exposed to pesticides, investigational inoculations, ill Iraqi prisoners, ill Iraqi refugees, diesel sprays, fine desert sand, depleted uranium tank rounds, and a laundry list of other harmful toxins.

Clearly, then, there is now ample proof that Gulf War veterans were exposed to pathogens and toxins. Since agents were in the air,

hundreds of animals were killed, and tens of thousands of veterans are ill, then common sense says toxins and pathogens were prevalent.

Unfortunately, in light of these repeated exposures and combinations of exposures, the Department of Veterans Affairs has paid only lip service to Gulf War veterans. Specifically, there are problems with the Gulf Registry Program, the VA medical centers, and the VA regional offices. *The problems cited here are not unique. These problems for Gulf War veterans are systemic, not isolated.*

Gulf Registry Programs

Although the VA established the Gulf Registry in 1992, the Gulf Registry has severe outreach problems in some areas (Bruce Rooney at the Gulf Registry in the Atlanta VA medical center is an exception).

First, according to Helen Malaskiewicz, the Senior Coordinator for the Gulf Registry, only 20,000 Gulf veterans were signed up for the Registry out of the 110,000 Gulf War veteran patients who have visited VA medical centers since the War. This is unacceptable.

Second, exams are short, physicians rushed, symptoms not noted, relevant tests not ordered, and veterans not followed-up with for needed treatment when illnesses are discovered during an exam.

Third, the Registry intake questionnaire is flawed, for it asks many demographic questions, yet few health questions. Specifically, many troops were exposed to tuberculosis, yet the VA does not even ask about TB. The VA expects veterans to volunteer such information.

VA Medical Centers

Another major problem with the VA is the specific denial of treatment for ill Gulf War veterans under PL 103-210. In my case, in February 1994, Dr. Ronald Gebhart, the Associate Chief of Staff for the Atlanta VAMC, denied me treatment. Dr. Gebhart said there was no link between the serious respiratory problems I developed while serving in Southwest Asia and any exposure to any toxin.

In order for me to receive treatment, I met with the Chief of Staff of the Hospital, Dr. Paul Francis, and I wrote the American Legion in Washington. The Legion contacted Dr. John Farrar, the VA

Acting Under Secretary for Health, and treatment was promptly ordered by Dr. Francis. An extraordinary effort was required to obtain help.

Earlier, I was denied treatment on my first visit to the Atlanta VAMC in July 1992. After listing my tuberculosis infection, my rashes, my respiratory problems, and other illnesses related to the war, I waited 12 hours in the VAMC clinic. When I finally saw a physician, I was seen only for my rash. On the VAMC medical certificate dated July 28, 1992, under the the heading "Treatment," the attending physician wrote, "None." Although I requested it, no treatment was given for my respiratory problems until February 1994.

In another example, in August 1993, the VAMC Patient Representative, Mr. John Steffey, denied me service. He said my respiratory problems were not of an emergency nature and not service connected. Mr. Steffey has since been transferred from that post.

The VAMC (along with the VARO) lost my medical records -- in one instance for 11 months. The VAMC illegally released an inaccurate and prejudicial medical history about me without my authorization to someone who did not request it. During my claim exam, doctors at the VAMC failed to note my illnesses. During my Registry exam, laboratory tests showed a lung disease and blood problems, yet the only VAMC follow-up was a verbal warning about high cholesterol.

Only after the direct intervention of Secretary Farrar did the VAMC apologize and begin to offer medical treatment. The matter became so serious that last month, Mr. Larry Deal, the Atlanta VAMC director, contacted me, offered to see me, and then personally apologized for the "mistakes" made by his staff over 22 months.

Recently I learned my immune system is damaged, yet the VAMC refused to investigate what caused the damage. At least the VAMC has prescribed antibiotics and anti-virals, and my health is improving.

VA Regional Offices

A fair argument would claim the VA regional office system is in complete disarray and on the verge of imminent collapse.

According to Mr. John McDonnell at the Atlanta VARO, the VARO is

not computerized and rating specialists are buried in a blizzard of new and backlogged claims that have reached approximately 870,000.

For example, the VARO took more than four months to schedule a claim exam for me. When a very sloppy exam took place, the VARO took 14 months to respond. During this time, the VARO and/or the VAMC lost portions of my claim exam for 11 months. It also took 10 months for the VARO to respond to my request for an appeal hearing.

On top of those errors, a VARO employee threatened me with a one year delay in a review for contacting my local Congresswoman. This is clear evidence of an attempt to retaliate against a veteran. During the claim review process, the VARO did not consider portions of my Army medical records that showed the onset of various medical problems for which I filed a claim, and the VARO did not consider any private medical records, either.

[In a related matter, Congressman Mac Collins has documented that medical records were purged for an entire Navy Construction unit in Georgia. Such attempts to cover-up illnesses must be stopped.]

Only after Dr. Farrar became involved did the VARO apologize for the threat of retaliation and for the misplacement of my claim and medical records. The VARO has repeatedly stated that they do not know what to do with clearly documented illnesses for which there is no rating schedule or which the VA does not yet recognize. Your deliberations and actions here today can resolve our problems.

SUPPORT FOR AND MODIFICATIONS TO H.R. 4386

Persian Gulf War veterans, and especially veterans here in Atlanta, support the goals and intentions of H.R. 4386. We are pleased Congress has recognized the need to grant a presumption of service connection to all Gulf War veterans suffering from Desert Storm Disease in order that we may be promptly treated.

On March 14, 1994, in a meeting with Congressman John Linder, your colleague on the Veterans Affairs Committee, Gulf War veterans suffering from Desert Storm Disease and Vietnam War veterans suffering from Agent Orange suggested to Mr. Linder that a

presumption of service connection by the VA would be a fair solution.

The VA has publicly stated that at least 20,000 Gulf War veterans are ill. One VA physician suspects as many as 150,000 are ill. Considering that many Gulf War veterans are dying, we appreciate the recent actions of Congress, and especially the involvement of the Veterans Affairs Committee.

At present, the bill has merit. Yet there are some corrections that need to be made. Do not confuse suggestions for improvement as opposition to the goals and intentions of the bill. However, if H.R. 4386 was enacted, it could cause more problems while solving others.

First, there should not be a one year time limit after discharge for reporting Gulf-related illnesses. After more than three years, many soldiers are just now developing cancers from the toxic exposures. To deny treatment due to the time it takes for the exposure to cause harm and be detected would be unconscionable.

Second, Congress should mandate that an epidemiological study be conducted immediately. The VA, the Department of Defense, the Department of Health and Human Services, and the Centers for Disease Control should conduct the survey, *in conjunction with private, autonomous environmental physicians.*

From this study, a "disease" or "illness" must be named and then placed in the VA and DoD disability rating schedules. Only with specific guidelines can VA and DoD rating and discharge specialists determine compensation, and thus treat ill Gulf War veterans fairly.

Third, the Congress should renew funding for the Gulf Registry. The Congress should mandate an aggressive media outreach program to Gulf War veterans, including a pamphlet outlining the symptoms, the availability of VA treatment, and the VA claim process to all Gulf Veterans who served in the theater during the War. As part of expanding the Registry, Congress should require that soldiers be given proper follow-up after exams, and that if an exam was improperly performed (such as not listing symptoms, not ordering relevant tests, etc), that the veteran is entitled to a repeat exam.

Fourth, Congress should require that any compensation granted Gulf War veterans under H.R. 4386 be retroactive to the date of

discharge if the claim is made within one year, as is the case with all other illnesses. Many of us, myself included, became ill during the war, filed our claim within one year, and we have waited almost two years for our claims to be processed. During the long wait, we face mounting medical bills. In my case, the total now exceeds \$12,000.00. We should not be penalized as much as three years of benefits simply because there is no line-item rating.

Many Gulf War veterans still on active duty, as well as many DoD civilians ordered to the theater, fear the loss of their job and medical coverage if their chain of command learns they are ill. This dilemma creates two problems: first, a discharge due to Desert Storm Disease, as is now the case, means expensive medical bills and possible financial ruin; second, the services of our nation could become filled with thousands of chronically ill troops who must be healthy and fit to fight if America should go to war again soon.

Therefore, Congress should require that a permanent rating schedule be added under the heading "Desert Storm Disease," and that treatment and compensation for illnesses should be permanent and retroactive (a cure not withstanding).

SUMMARY AND CONCLUSION

In summary, the goals of Persian Gulf War veterans are:

- 1) To have a prompt and complete VAMC evaluation and all needed treatment related to Desert Storm Disease. This includes testing for multiple chemical sensitivity and testing for immune damage.
- 2) A permanent presumption of service connection by the VARO and DoD for those who can document service in the theater, exposure to toxins, and symptoms or diagnoses related to exposure.
- 3) To learn the causes of our illnesses, including American-made biological and chemical agents as well as investigational drugs.
- 4) An end to inaccurate and misleading VA assertions that Desert Storm Diseases are somehow imagined or caused only by stress.

5) An end to VA and DoD retaliation against those who are ill, who complain, or who contact the Congress or the media.

6) An extension of the Gulf Registry and the Registry outreach program in order to prevent the spread of this group of illnesses.

Thank you for considering my testimony supporting H.R. 4386.



201 North Washington Street
Alexandria, Virginia 22314-2539
(703) 549-2311

May 26, 1994

The Honorable Jim Slattery
Chairman, House Veterans Affairs Committee's
Subcommittee on Compensation, Pension and Insurance
335 Cannon House Office Building
Washington DC 20515

Dear Mr. Chairman:

Thank you for your invitation to present testimony on H.R. 4386, which provides for payment of disability compensation to certain veterans of the Persian Gulf War. We very respectfully decline your offer to formally present our views, because we lack expertise in this area and do not believe we can add anything more substantive than the motivation that prompted you and the other distinguished members of the Veterans Affairs Committee to introduce this bill.

TROA agrees with the intent of the legislation and would like to make an observation for your consideration. Some of the veterans afflicted with this very puzzling illness or syndrome could require medical care far beyond the three years contemplated by the bill. In fact, in some cases, the disease undoubtedly will have a long-lasting impact on a veteran's ability to earn a living. Although we understand that this bill takes a critical first step to compensate these veterans for their mysterious illness, there may be some reservations expressed regarding the limited duration of the bill. However, knowing the Subcommittee's enduring concern for this nation's veterans, we are confident that if circumstances warrant it, and if these illnesses are found to be related to the Persian Gulf War, the payments will be continued in accordance with compensation paid for other service-connected disabilities.

We appreciate the opportunity to comment on this very important piece of legislation.

Sincerely,

Paul A. Arcari

Paul Arcari
COL, USAF (Ret.)
Director of Government Relations



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DEPARTMENT OF HEALTH & HUMAN SERVICES
JUN 17 1994Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

The Honorable Jim Slattery
Chairman
Subcommittee on Compensation,
Pension and Insurance
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Slattery:

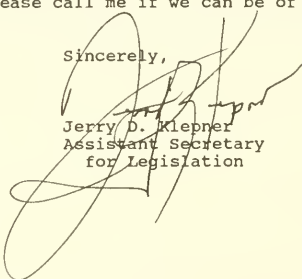
Thank you for your letter of May 13 inviting the Department of Health and Human Services to provide testimony on H.R. 4386, the "Veterans' Persian Gulf Benefits Act", which would provide for payment of disability compensation to certain veterans of the Persian Gulf War.

As you know, Secretary Shalala serves as a co-chair of the Interagency Persian Gulf Veterans Coordinating Board that was convened by the President to examine all aspects of service connected disability stemming from the Persian Gulf War. In that capacity, the Secretary has pledged to provide the Department's expertise to help elucidate the complex clinical and research questions surrounding the possible exposure of U.S. service personnel to biological or chemical agents.

We have taken the opportunity to discuss the focus of the upcoming hearing with your staff, John Brizzi, and have agreed that compensation issues will be the principal focus of the hearing. As such, we would defer to the Veterans' Administration to provide the Administration's testimony.

Again, thank you for inviting the Department to provide a witness before your subcommittee. Please call me if we can be of any future assistance.

Sincerely,



Jerry D. Klepner
Assistant Secretary
for Legislation



JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA, INC.

Herb Rosenbleeth
Colonel, USA (Ret)
National Executive Director

Chartered by an Act of Congress

May 27, 1994

The Honorable Jim Slattery
Chairman
Subcommittee on Compensation,
Pension and Insurance
335 Cannon House Office Building
Washington, DC 20515

Dear Chairman Slattery,

This letter is in response to your May 16, 1994 letter regarding HR 4386, a legislative proposal designed to provide compensation to veterans suffering from disabilities resulting from service in the Persian Gulf theater of operations. It is the view of the Jewish War Veterans of the USA (JWV) that HR 4386 would make available additional funds for medical research. The resolution would also provide a basis for the possible payments of disability compensation to Persian Gulf Veterans suffering from chronic health disabilities.

JWV fully supports the provision of appropriate provisional compensatory benefits to those Persian Gulf veterans with service-connected disabilities. JWV further supports adequate funding for the additionally required research and outreach programs necessary for Persian Gulf veterans.

Mr. Slattery, I wish to commend Chairman Montgomery, yourself, and the other members of the Subcommittee on Compensation, Pension and Insurance for introducing HR 4386. I would like to further commend your Staff Director/Counsel, Mr. John Brizzi, for the excellent work he has done on the previously mentioned piece of legislation.

Should you have any questions regarding JWV's opinion of HR 4386, I may be contacted at any of the below listed numbers.

Sincerely,

Herb Rosenbleeth
National Executive Director

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